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## AUTHORIZATION FOR RELEASE OF INFORMATION

of

\_\_\_\_\_  
CEVEC STUDENT

I, \_\_\_\_\_ authorize CEVEC to release or obtain the following information to/from:

County Board of Developmental Disabilities

Opportunities for Ohioans with Disabilities (OOD/BVR)

Vocational Rehabilitation Public and Private Partnerships (VRP3)

District of Residence / District of Placement

\_\_\_\_ Other: \_\_\_\_\_

Career assessment

Copy of social security card

Phone number

Psychology report

IEP/goal setting sheet

Medical information

Competencies

Multi-factored evaluation

Birth certificate

Other Assessments, Plans, Personal Information

SSI/SSDI verification

CEVEC Social Worker

Resume

Only the above information may be released or obtained. This information will be used for planning my educational and/or vocational program and for the coordination of CEVEC services with any other service I may be receiving from the above individual or agency.

This authorization will remain in effect for 1 year after the date the student exits CEVEC. This authorization may be revoked at any time by notifying CEVEC in writing. Note: revocation will not have any effect on actions taken by CEVEC before CEVEC received the written revocation notice.

I have read and understand this agreement.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date