



South Bend Community School Corporation

Special Education Department

215 S. St. Joseph St, South Bend, IN 46601

Ph: 574.283.8130 Fax: 574.283.8105

Counselor: _____

MRDD: _____

VRS RELEASE OF INFORMATION FORM

Information Transferal by School to OVR

Student Name	DOB	Current School
Address	City	State Zip Code
Phone	County	

Disability (ies) (Please Check)

- OI
 VI
 HI
 EH
 LD
 MiMh
 MoMH
 SeMH
 Other

Please list full scale I.Q. _____ Current Grade _____ Anticipated Date of Graduation/Exit _____

Person Completing Form Name/Title	Phone Number
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Consent for Disclosure of Information

I hereby give consent to the SOUTH BEND COMMUNITY SCHOOL CORPORATION to disclose medical, educational, psychological, and social history information, and other pertinent information to the Indiana Rehabilitation Agency and/or the Indiana Department of Mental Health at any time requested, with the understanding that this information will be treated confidentially and that it will not be disclosed by the Indiana Department of Human Services or the Indiana Department of Mental Health, except as indicated below. I understand that I may revoke this consent at any time, but any information disclosed pursuant to this consent prior to such revocation, shall not be subject to revocation.

The above information is being requested to assist in the administration of the habilitation/rehabilitation program and will not be disclosed other than in the administration of the habilitation/rehabilitation program except by the written request or consent of the below named individual and, as appropriate, his or her parent, surrogate parent, or legal guardian. Please forward information listed above to:

Vocational Rehabilitation Services (VRS)
Indiana Department of Human Services
100 W. South Street, Suite 100
South Bend, IN 46601-2435
TTY: (574) 283-0058
Toll Free: 1-877-282-0964
FAX: (574) 232-1476

Div. of Disability Rehab. Services
Bureau of Dev. Disabilities Services
4634 West Western Ave.
South Bend, IN 46619
(574) 232-1412