

**Kansas Department of Social and Vocational Rehabilitation Services**

**Transition Notification  
Referral for Vocational Rehabilitation Services**

FROM: School \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Educational Authority Staff \_\_\_\_\_

TO: KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
ATTN: Crystal Hill Phone: 620-342-2505  
1701 Wheeler Street  
Emporia, KS 66801

STUDENT: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Completion/Exit Date \_\_\_\_\_

NOTIFICATION ACCOMPANIED BY:

- Signed release of information
- Current IEP
- Current Three Year Evaluation
- Psychological testing information as recent as age 16 if available

**CONSENT FOR REFERRAL/RELEASE OF INFORMATION**

Below is the signature authorization for \_\_\_\_\_ to be referred for Vocational Rehabilitation Services. I hereby consent to the release of the information to be sent to Rehabilitation Services for Vocational Rehabilitation Planning.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of the Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*If signed by Parent/Legal Guardian, please provide address and phone number if different than students.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reasonable accommodations needed: \_\_\_\_\_