



Consent to Share Information

I, _____ (name of student) give permission for the staff and partners of Pre-ETS WORKS - Erie and Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) authorization to obtain/release Information (including school records, disability information and status of ACCES-VR process) to share information about me, my program and my progress in said program in order to assist me in Pre-ETS planning and coordinating services necessary to complete Pre-ETS activities.

I understand that I may revoke this permission at any time, in writing, to the Pre-ETS WORKS - Erie.

Student Signature/Date

Parent/Guardian Signature/Date

Staff Person Signature/Date