



Consent to Release Records

I, _____ (Student/parent name) request the following records pertaining to _____ (Student name) be released by _____ to Pre-ETS WORKS - Erie, c/o Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224 and Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), and authorization to obtain/release Information (including school records, disability information and status of ACCES-VR process) for the purpose of Pre-ETS WORKS enrollment Programming decisions of Pre-ETS WORKS Project Other _____

– Records released

Current IEP Current 504 Plan Current Health Care Plan

Last IEP / 504 Plan / Health Care Plan If no current plan in place

Transcript

Other (specify) _____

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