Kansas Department for Children and Families Rehabilitation Services

AUTHORIZATION FOR RELEASE OF INFORMATION

I,			DOB	SSN	
				Services (RS) located at	
to be used rehabilita		of determining my eligil	bility for services	and establishing a plan for n	ny vocational
The speci	ific information de	scribed below is reques	ted from:		
	(Name of Indiv	idual or Agency)			
	(Street)	(City)	(State)	(Zip Code)	
Specific I	nformation Reque	ested			
		nfidential relationship of the contraction of the contraction will be		e RS and the above named in	dividual or
understa	nd that I may revo		ing my VR Couns	WHICH THIS CONSENT E selor at any time and that it v	
Executed	on date:		_		
Witness			_ Signature _		
			Signature o	parent or guardian if appro	priate

Prohibition on Redisclosure: This information will be disclosed from records whose confidentiality is protected by federal law. Federal regulations (34 CFR Part 361 and/or 45 CFR Part 2) prohibit any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of first offense, and not more than \$5,000 in the case of each subsequent offense. [Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 USC 4582)]

This form supersedes Form VR-3140, 8-81