

**Kansas Department for Children and Families  
Rehabilitation Services**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I am interested in applying for services from the Kansas Department for Children and Families to help me achieve employment. I agree that Economic and Employment Support (EES) and Rehabilitation Services (RS) may share information about me and from my case records to assist me in reaching this goal. I give this permission for the duration of my case.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_