



Berrien Regional Education Service Agency
Transition Services

I, _____, _____,
(Student's Name) (Birth Date)

give my consent to Berrien Regional Education Service Agency and/or my local school district to release and receive the following information or records, for purposes directly related to my transition services.

- Personal information, name, address, phone number, parent/guardian's name
Information about my disability, including if applicable, information regarding alcohol and drug abuse
Results of a work evaluation, special education class, skill, aptitude, or achievement tests, or reports regarding my performance in a training program
Accommodation and recommendations
Case notes
Other (describe):

This information may be released to:

- Any employers Berrien RESA Transition staff may contact on my behalf
The following organization, individual, or specific employer: Community Mental Health, Disability Network, Michigan Rehabilitation Services, Other:

This consent to release personal information is valid until the date, event, or condition I describe below:

Date: _____

I may revoke this authorization in writing except to the extent that action has been taken in reliance on it. I also understand that I am not required to sign this release, but by doing so I can help get the support services I need.

(Adult Student) You may have my permission to speak with my parent/guardian Yes No

Table with 2 columns: Signature, Date. Rows for Client and Parent/Guardian.