The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Adult Career and Continuing Education Services (ACCES-VR)

VR-21 (1/11)

Information Release Authorization

Name.			
Print full name		*	
The Office of Adult Career and Continuing Edrelease or obtain information from agencies [in or employers as are concerned with my vocation about my physical or mental condition, official need, or other information that ACCES-VR needs in the condition of the con	ncluding the Client on all rehabilitation. I school records, fac	Assistance program This information mets necessary to dete	(CAP)], individuals hay include reports ermine my financial
I understand that:	= .		
• All such information will be treated as con	fidential and privile	ged;	
The information will be used only for the purpose of obtaining services offered through ACCES-VR;			
 I can withdraw my permission to release or affect actions already taken with my permi 		by writing to ACC	ES-VR (this will not
 ACCES-VR may need to use the information 	on to administer the	vocational rehabili	itation program
			, ,
Signature		Date	2
			*

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