

ARCH Transition Parental Permission Form

Student name		SS #	Grade	Expected graduation date	
School		School contact name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Home phone	Cell phone		Student email		
Student address			City	ZIP	
Notes			Are you (pick one or more):		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African American		
Parent, guardian or representative name			Parent/Guardian/Representative phone: Home _____		
Parent, guardian or representative email address			Work _____ Cell _____		

I give ARCH permission to help my student plan for the future. This may include help to:

- Participate in Job Exploration Activities. • Learn about his or her strengths, abilities, and capabilities for work and • Learn habits, attitudes, and behaviors for work. Adult living.
- Learn skills for adult living. • Identify goals for work and adult living.
- Take part in community work experiences. • Explore post-secondary training options.

I give the above program permission to release and allow electronic access to all records about my child to VR, including but not limited to:

- Individual Education Program (IEP). • Work experience information and records.
- Psychological Evaluations and reports. • School cumulative grade records, including standardized test results.
- 504 Accommodation Plan. • School grades and progress reports.
- Career exploration information.

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate. I give my consent for ARCH Program to exchange information with authorized school staff and/or authorized non-school personnel.

ARCH will not re-release the education records it receives from the above-named school to any other person, program, or agency without my written consent unless it is required by law. I may end this consent at any time by providing ARCH a signed and dated statement to that effect. It will end one year from the date my child no longer receives ARCH services.

<p><input checked="" type="checkbox"/> Parent, guardian, or representative</p> <p style="text-align: right;">Date</p>	<p>(If student is under 18 years old) I give permission for my student to sign forms related to</p> <p><input checked="" type="checkbox"/> transition planning, including a possible application for VR services to continue after high school. _____ Yes _____ No</p>
<p><input checked="" type="checkbox"/> Student</p> <p style="text-align: right;">Date</p>	<p>ARCH REP</p> <p style="text-align: right;">Date</p>