

Kentucky Office of Vocational Rehabilitation

Written Consent for Release of Information between KCC agencies

Instructions

Purpose

The purpose of this form is for partners in the Kentucky Career Center to be able to share information.

CDO, OVR, or WIOA

Please choose the agency/partner from which the information must be released

Name of Individual

Enter the name of the individual for whom the information is related

Social Security Number (SSN)

Enter the social security number of the individual (9 digits)

Address

Enter the full address of the individual

Documents in possession of the identified agency/partner

List the document(s) to be released from the identified agency/partner related to the individual

Requesting agency/partner to whom the documents are to be released

Enter the name of the agency/partner that will receive the document(s)

Reason the information is necessary for the requesting agency/partner

List the reason why it is necessary for the agency/partner to have these/this document(s)

Release Expiration Date

Enter the expiration date of the release (must not exceed 180 days)

Signature/Date

Please use these instructions for DocuSign before sending the form to the consumer

Select Start for quick access to the most common eSignature actions.

1. Select Send an Envelope
2. Use the template of the release.
3. Enter the recipient's name(s) and contact information.
 - a. As a sender, you will receive a copy of the completed Document.
Place the copy in the consumer file.

Please use these instructions if sending the form by regular mail.

1. After filling out the form, print off the form and mark where the individual needs to sign and date before sending it to the individual. When the form is received, place it in the case file.