



Andy Beshear
GOVERNOR

EDUCATION AND LABOR CABINET
Kentucky Office of Vocational Rehabilitation
Cora McNabb
Executive Director

Jamie Link
SECRETARY

Date:

To Whom It May Concern:

This letter certifies that _____ attended an appointment with the
Office of Vocational Rehabilitation on _____ at _____ . Please
excuse their absence during this time.

If further verification is required, please feel free to contact my office.

Respectfully,

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