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**EDUCATION AND LABOR CABINET**  
Kentucky Office of Vocational Rehabilitation  
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Date:

To Whom It May Concern:

This letter verifies that \_\_\_\_\_ is participating with services through the Office of Vocational Rehabilitation.

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

Respectfully,

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(Documents are Printed with Federal Funds) (Rev. Dec. 2025)