



TODAY'S PURPOSE - TOMORROW'S PROMISE.

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# Berrien Regional Education Service Agency Transition Services OFF TO COLLEGE RELEASE FORM

I, \_\_\_\_\_, \_\_\_\_\_,  
(Student's Name) (Birth Date)

**give my consent to Berrien Regional Education Service Agency and/or my local school district to release the following information or records, for purposes directly related to my transition services.**

- Personal information, name, address, phone number, parent/guardian's name
- Information about my disability, including if applicable, information regarding alcohol and drug abuse
- Results of a work evaluation, special education class, skill, aptitude, or achievement tests, or reports regarding my performance in a training program
- Accommodation and recommendations
- Case notes
- Medical information: including school immunization record and TB test
- Drug Screen
- Background check/ I-CHAT
- Other (describe): \_\_\_\_\_

**This information may be released to:**

- Any employers Berrien RESA Transition staff may contact on my behalf
- The following organization, individual, or specific employer: Michigan Rehabilitation Services, Gateway, Disability Network, Riverwood Community Mental Health

**This consent to release personal information is valid until the date, event, or condition I describe below:**

Date: \_\_\_\_\_

I may revoke this authorization in writing except to the extent that action has been taken in reliance on it. I also understand that I am not required to sign this release, but by doing so I can help get the support services I need.

(Adult Student) You may have my permission to speak with my parent/guardian  Yes  No

Student Signature:	Date:
Parent/Guardian Signature:	Date: