## SECTION TO BE COMPLETED BY LEGAL GUARDIAN

**The signature below confirms permission and/or intent to participate in Pre-ETS services.**

| Guardian Name *(if under 18 or court appointed):* | Guardian Phone Number: |
|---|---|

Guardian Mailing Address (Including City, State, & Zip Code):

Guardian E-mail Address:

Student Signature _____ Date Signed _____

Guardian Signature *(if Student is under 18 or court appointed)* _____ Date Signed _____

*I understand that by signing this document my (child's) school/agency will provide the Mississippi Department of Rehabilitation Services, Office of Vocational Rehabilitation (OVR) with the information listed above. I understand that currently I am not applying for OVR services (for my child) but only granting permission for myself (my child) to participate in Pre-Employment Transition Services being offered through OVR. I understand that I (my child) may apply for OVR services at any time should I (my child) need their services in the future.*

## SECTION TO BE COMPLETED BY REFERRING EDUCATIONAL AGENCY *(if applicable)*

Educational Agency Name _____ Educational Agency Phone _____

**As a representative of the referring educational agency identified above, I certify the following:**

1. All the information and statements provided in this form are true and correct to the best of my knowledge.
2. The existence and availability of documentation supporting the disability identified in the *'Disability'* section of this form.

Representative Name (Please Print) _____

Representative Signature _____ Date Signed _____

## RETURN THIS FORM TO:

### Counselor

Name: _____

Mailing Address: _____

City State Zip

Email Address: _____

Telephone Number: _____