



ODLSS

Office of DIVERSE LEARNER
SUPPORTS + SERVICES



Student Name: _____

Date: _____

I give permission for Chicago Public Schools to share and exchange other information with staff at the following agencies for the purposes of employment placement services:

- Marriott Bridges to Work
- Thresholds
- Urban Growth
- Anixter Center
- Access Living

I understand that the information shared could include:

- IEP
- Psychological Report
- General medical and School Nurse assessment
- Vision, Audiology, Social Work, Speech, Occupational Therapy and Physical Therapy reports as necessary
- DRS case status information

This consent is valid for 1 year from the date of the signature. I understand that I may withdraw consent at any time.

FOR PARENT or GUARDIAN

DATE

Signature

Print

Relationship to student

FOR ADULT STUDENT

DATE

Signature

Print