

**DOR Student Services Request**

DR 203 (REV 07/17)

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<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Mailing Address</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>
<b>Phone Number</b>	<b>Email Address</b>		

<b>Date of Birth (mm/dd/yyyy)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
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<b>Race</b> (please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Decline to State	<b>Ethnicity:</b> Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Please state the student's disability or reason for IEP/504 eligibility:</b>	<b>Documentation (please select one)</b> <input type="checkbox"/> IEP (provide a copy) <input type="checkbox"/> Other (specify type and attach a copy if applicable): <input type="checkbox"/> 504 Plan (provide a copy) <input type="checkbox"/> School Signature (see below) _____
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**Complete this section only if "School Signature" is selected:** I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

**Signature of School Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Printed Name of School Official:** \_\_\_\_\_ **Title:** \_\_\_\_\_

<b>School Name</b>	<b>School Address</b>	<input type="checkbox"/> <b>Secondary School</b> <input type="checkbox"/> <b>Postsecondary School</b>
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<b>School Type</b> <input type="checkbox"/> <b>Public</b> <input type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Charter</b> <input type="checkbox"/> <b>Home school</b> <input type="checkbox"/> <b>GED program</b> <input type="checkbox"/> <b>Vocational/Technical</b> <input type="checkbox"/> <b>College/University</b> <input type="checkbox"/> <b>Other</b>	<b>Expected Date of Graduation/Exit from School (mm/dd/yyyy)</b>
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<b>Parent/Guardian/Conservator Last Name</b>	<b>First Name</b>	<b>Relationship</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator
<b>Phone Number</b>	<b>Email Address</b>	

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

<b>Student Signature</b> 	<b>Date Signed</b>	<b>Parent/Guardian/Conservator Signature</b> 	<b>Date Signed</b>
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**FORM PURPOSE**

This form is intended to request student services for potentially eligible students, in accordance with 34 CFR 361.48(a). Student services may include any of the following pre-employment transition services: job exploration counseling, work-based learning experiences, postsecondary enrollment counseling, work readiness training, and self-advocacy training. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services. Please go to [DR222 VOCATIONAL REHABILITATION SERVICES APPLICATION](#) to access an application for vocational rehabilitation services.

**FORM COMPLETION INSTRUCTIONS**

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students with disabilities who are less than 18 years of age and not an emancipated minor. Conservator contact information and consent are required for students with disabilities who are over 18 and have a conservator with relevant authority. An electronic version of this form is available on the Department of Rehabilitation (DOR) website at [www.dor.ca.gov](http://www.dor.ca.gov). For more information on the requirements for pre-employment transition services for students with disabilities, refer to 29 USC sections 705(37) and 733, and 34 CFR parts 361.48(a) and 361.5(c)(51). Consent for the student to participate in student services may be revoked at any time by providing written notice to the local DOR office.

**NOTICE AND PRIVACY STATEMENT**

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DOR to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). Individuals should not provide any personal information on this form that is not requested.

The student, or parent, guardian, or conservator as appropriate, has the right to revoke this authorization by providing written notice to the school personnel. If the student, or parent, guardian, or conservator as appropriate, revokes the authorization, it will not affect information released to the DOR before the school personnel received the written notice revoking the authorization.

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR. The DOR's Privacy Policy is online at [www.dor.ca.gov](http://www.dor.ca.gov). The DOR office locations and contact information can be found at <http://www.dor.ca.gov/DOR-Locations/index.asp>.

Any personal information maintained by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 CFR 361.38(e)(4) and (5).)