



RIGHTS & RESPONSIBILITIES

I hereby authorize Hope Services Incorporated, to release my relevant personal and professional information to my Vocational Rehabilitation Counselor and potential employers with the purpose of finding and maintaining employment. This release shall follow the policies of the Florida Department of Education, Division of Vocational Rehabilitation, and Florida Statute. My signature below indicates that I authorize the release of relevant medical records, including physical or mental disabilities, drug testing, STD testing, and HIV/AIDS testing, whether negative or positive, to my VR Counselor and/or potential employers for the purpose of assessing my employability. I understand and agree that they will be notified that I have given this specific written permission before the disclosure of these results.