



Parent Notice and Consent to Share Personally Identifiable Information

Dear Parent, Guardian or Adult Student,

The Job-A-Palooza program in which _____
Student's Printed Full Name

is electing to participate, is delivered in collaboration with the Florida Department of Education, Division of Vocational Rehabilitation. To demonstrate that the student is eligible to participate in this program, evidence identifying the youth as a student with a disability must be obtained (e.g. an Individualized Education Plan or 504 Plan).

In accordance with Rule 6A-6.03028(3)(c), Florida Administrative Code, consent must be obtained before personally identifiable information (PII) is released to officials of participating agencies. PII may include student name, exceptional student classification, date of birth, psychological, educational, medical and other information deemed appropriate to document the student's disability status.

Please check the appropriate box indicating your consent or refusal. Be sure to sign and date the form before returning to the provider.

I understand my consent to share PII with the Florida Division of Vocational Rehabilitation is voluntary and may be revoked at any time.

- I give my consent for the provider to share personally identifiable information about my student with the Division of Vocational Rehabilitation.
- I **DO NOT** give my consent for the provider to share personally identifiable information about my student with the Division of Vocational Rehabilitation.

Printed Name	Signature	Date
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