



Date: \_\_\_\_\_

I, \_\_\_\_\_ do hereby give my permission for **Tom Carter** or  
*(First, Middle and Last Name)*

**Sharon Jo McBride/Sarah Wright** to discuss my accommodations and educational endeavors with the following individuals:

Vocational Rehab Counselor: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

**Dream. Believe. Achieve.**