

**Secondary Transitional Experience Program  
Tri-County Special Education District**

**Transition Referral Information  
Authorization to Use/Disclose Medical and Confidential Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                            First                    Middle                    Last

Social Security number of student: \_\_\_\_\_ (required)

Address: \_\_\_\_\_  
                            Street                                    City                            State                            Zip Code

Parent(s) name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Cell Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

As the parent/legal guardian of the above-named child/student, I authorize my child's home/serving school(s) and Tri-County Special Education District, 1725 Shomaker Drive, Murphysboro, IL 62966, to disclose and exchange confidential information to include his/her individualized education plan(s), psychological evaluations, social histories, medical, physical, psychiatric, educational documentation, and any other relevant information (birth to present) regarding my child to:

Denise Jones, Transition Counselor  
Illinois Department of Human Services  
Division of Rehabilitation Services  
Satellite Office Location:  
Tri-County Special Education Joint Agreement, Du Quoin Annex  
104 East Main Street, Du Quoin, IL 62832  
Phone: 618-790-2323; Fax: 618-790-2324

For the purpose of:

- determining eligibility to provide vocational rehabilitation services through Tri-County Special Education and home/serving school(s) for participation in the Secondary Transitional Experience Program (STEP),
- to provide transition services through the Illinois Department of Human Services/Division of Rehabilitation Services upon high school exit,
- to disclose necessary information to a potential and/or current employer to seek and retain employment opportunities, and
- to disclose information to parents/legal guardians upon reaching 18 years of age.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date