

Section 8 / Part 8

Effective Date:

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**Authorization for Release of Information between  
Rehabilitation Services (RS) and Economic and Employment  
Support (EES)**

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**Kansas Department of Social and Rehabilitation Services  
Rehabilitation Services**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I am interested in applying for services from the Kansas Department of Social and Rehabilitation Services to help me achieve employment. I agree that Economic and Employment Support (EES) and Rehabilitation Services (RS) may share information about me and from my case records to assist me in reaching this goal. I give this permission for the duration of my case.

Client Signature

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Date

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