

Kentucky Office of Vocational Rehabilitation

15V-Verbal Exchange Release

Instructions

Purpose:

The verbal exchange release form is for verbal conversations between agency staff and contacts for the individual, other agencies, or any other entities that the individual gives the counselor permission to speak to. This release is for verbal exchanges only. The other releases are used for documents.

Name

Enter the name of the individual

Social Security Number (SSN)

Enter the last 4 digits of the SSN

Address

Enter address of the individual

Release of verbal exchanges

Enter the verbal exchanges that the individual gives the agency permission to release

To whom the information may be released Enter the name(s) of the individual(s) to whom the information can be released

Purpose for which the information is released

Enter the purpose for the release of the information

Signature of Individual

Please use the template in DocuSign before sending the form electronically.

Please use these instructions if sending the form by regular mail.

1. After filling out the form, print off the form and mark where the individual needs to sign before sending it to the individual. When the form is received, scan it into CMS.