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## Professional Consent: Employment Services

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\_\_\_\_\_ I authorize Two-6 Resources, Inc. to obtain, review, and disseminate medical, vocational, and other related records with professionals and employers involved in my vocational rehabilitation. I also agree to allow Two-6 Resources to discuss my vocational plan, including my disability and disability related issues, with prospective employers if necessary.

\_\_\_\_\_ I authorize Two-6 Resources, Inc. to contact my employer to verify my employment status either in person, via telephone, or electronically.

\_\_\_\_\_ I agree that a photocopy of this authorization be accepted if necessary.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date