



Student Disability Services
 Division of Student Affairs and Campus Diversity
 San Diego State University
 5500 Campanile Drive
 San Diego, CA 92182-4740
 Tel: 619-594-6473
 Fax: 619-594-4315
 TTY: 619-594-2929

**San Diego State
 University**

WorkAbility IV Referral Form

Name: _____ Contact Phone: _____ Text ok? Yes No

Address: _____ City: _____ Zip: _____

SDSUID #: _____ E-Mail Address: _____

Disability: _____ Date of Birth: _____

Major (and Minor if applicable): _____ GPA: _____

Class Level: First Year Sophomore Junior Senior Graduate Student Alumni

Specific Career Goal (What job would you like to do?): _____
 (Ex: "Social Worker" instead of "counsel people")

Consent to Release Information

"I, _____, have applied for the WorkAbility IV (WAIV) Program at San Diego State University (SDSU). I authorize the release of medical history, as well as WAIV progress and employment information from WAIV staff to the California Department of Rehabilitation. I understand that WAIV staff members will be representatives from SDSU's Career Services and Student Disability Services."

Referral and Release remain valid and in effect for the duration of my participation in the WorkAbility IV Program.

Signature: _____ Date: _____

Referring Counselor

WAIV/SDS/CS/Other: _____ Phone: _____

Service Requested/Comments: _____

Signature: _____ Date: _____

CA Department of Rehabilitation

DOR Counselor: _____ Phone: _____

DOR: Submission of the following documents are required with this referral.

- _____ Copy of Signed IPE (WAIV listed on IPE)
- _____ Copy of Consent to Release and Obtain Information (DR 260)
- _____ Authorizing Case Note with Service Dates
- _____ Copy of Intake Case Notes

Email Referral Packet to:
SDS.WAIV@sdsu.edu