



San Diego State University

WorkAbility IV Program Student Disability Services

Division of Student Affairs and Campus Diversity
5500 Campanile Drive
San Diego, CA 92182-4740

WorkAbility IV Referral Form

Name: Contact Phone: Text ok? Yes No

Address: City: Zip:

SDSUID #: E-Mail Address:

Disability: Date of Birth:

Major and/or Minor: GPA:

Class Level: Freshman 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, [redacted], 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 the Student Disability Services (SDS)."

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: 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
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: ShannonW@sdsu.edu