



**WorkAbility IV Program**  
**Student Disability Services**  
*Division of Student Affairs and Campus Diversity*  
 San Diego State University  
 5500 Campanile Drive  
 San Diego, CA 92182-4740

San Diego State  
 University

**WorkAbility IV Referral Form**

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Text, ok? Yes No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

RedID Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Disability: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Major and/or Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Class Level: First Year Sophomore Junior Senior Graduate Student Alumni

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

\*DOR Counselor Name (If already a DOR participant): \_\_\_\_\_

**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/DOR**

DOR/WAIV/SDS/CS/Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Requested/Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 and WAIV must be listed

Email Referral Packet to: [SDS.WAIV@sdsu.edu](mailto:SDS.WAIV@sdsu.edu)