

**Irvine Unified School District** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5050 Barranca Parkway, Irvine CA 92604 (949) 936-8625, FAX (949) 936-8659

 **Disability Disclosure Release**

Career Link Youth Employment Program can help to facilitate accommodations in the workplace. If you require assistance in disclosing disability/ability information to employers, please complete and sign this form.

**Specific Employment Related Disability Information:**

**Needed Employment Accommodations:**

**I give permission to the Career Link Staff to assist me with the disclosure of my disability to specific business partners in securing a work training or employment site for me.**

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**Participant Signature Email Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/Cell Number Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature (if under 18 years old)**