



NEW MEXICO  
DIVISION OF  
VOCATIONAL  
REHABILITATION

Public Education Department

New Mexico Technology  
Assistance Program  
ABLE Device Loan Bank

Application / Release of Information Form

Attachment D pg.1

Date:

Name:

DOB:

Address:

City:

State:

Zip:

Phone #: Home:

Work:

Disability:

E-Mail Address:

Type of equipment you are requesting:

How will this equipment be used as pertaining to your disability?

What do you need the equipment for (please check all that apply):

Education       Employment       Community Living       IT/Telecommunications

How long do you need the device?      30 or 60 days

I hereby authorize (Name of therapist, agency, school, etc) \_\_\_\_\_

to release records pertaining to my disability to: **NMDVR/NMTAP- 435 St. Michaels Dr., Bldg D Santa Fe NM 87505 or Fax 505-954-8608.** This release covers the following forms:

School IEP/IFSP       DVR IPE       DD Waiver ISP       AT/Ergonomic Evaluation

DVR clients need to submit a current IPE, DD Waiver clients need to submit a current ISP, Schools need to submit a current IEP/IFSP for students, Others need to submit a one page summary as to how the equipment/software will be used and how it will help you based on your disability.

I understand that the information will only be used for my participation with the NMTAP program and that this information may be reviewed by NMTAP staff and contractors who provide services to the program. The records will be kept confidential and will not be released to any other individual or agency without my fully expressed and written permission. This application will also serve as a release of information form to document your disability. This release is good for one year.

Signature \_\_\_\_\_

(Self, parent, or Legal Guardian)