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| **Texas Workforce Solutions logo** | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Designation of Applicant or  Customer Representative** | | | | |
| With few exceptions, you are entitled, on request, to be informed about information that TWC VRS collects about you. You also are entitled to receive and review the information, and to have TWC correct information about you that is incorrect. (Government Code, Sections 552.021, 552.023, and 559.004) | | | | | |
| I,       (applicant or customer name),  hereby designate the person named below to act as my representative for the purpose of rehabilitation services. He or she may act as my representative for the following purposes (select all that apply):   1. to apply for services and to develop the Individual Plan or Individualized Plan for Employment (IPE); 2. authorize the release of confidential information about me; 3. to represent me in an appeal; or 4. other (specify): | | | | | |
| **Representative Information** | | | | | |
| Is representative an attorney?  Yes  No | | | | | |
| Representative Printed Name: | | | | Telephone Number:  (   ) | |
| Address: | | City: | | State: | ZIP Code: |
| **Authorization** | | | | | |
| This designation is effective upon delivery to counselor. It continues in effect until the date the applicant, customer, or representative informs counselor in writing that it is no longer in effect. | | | | | |
| Applicant or Customer Signature:  **X** | | | Social Security Number: | | Date: |
| Representative Signature:  **X** | | | | | Date: |