TEXAS WORKFORCE SOLUTIONS

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. ☐ represent me as an agent for voter registration purposes;
4. ☐ to represent me in an appeal; or
5. ☐ 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continues in effect until the date the applicant, customer, or representative informs counselor in writing that it is no longer in effect.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:	Social Security Number:	Date:
X		
Representative Signature:		Date:
X		