



Authorized Organizational Representative Tribal Request Letter  
On ABCVRP Letterhead

Date

To: ABC Tribe or Tribal Council  
Attn: Authorized Organizational Representative (AOR) Name

From: AIVR Project Name  
Program Director Name  
Mailing Address

AOR Name,

The ABC Vocational Rehabilitation Program (ABCVRP) respectfully requests the attached letter be reviewed, revised and signed by AOR Name or ABC Tribal Council. The letter designates the ABCVRP Program Director Program Director Name as the point of contact and authorizes Program Director Name to communicate with the Rehabilitation Services Administration (RSA) and gain access to RSA's Management Information Systems for ABCVRP reporting purposes.

An RSA Project Officer is required to approve the Program Director Name and designate them as key personnel. The attached letter will initiate this process. Once RSA approves the new Program Director written notification will be provided.

Your prompt attention to this matter is greatly appreciated. Thank you for your assistance and please contact me with questions or concerns.

Respectfully,

Program Director Name  
ABCVRP