



**Tennessee Department of Human Services – Vocational Rehabilitation Program  
Pre-Employment Transition Services Permission**

Please provide the Vocational Rehabilitation (VR) Program with the basic information about the interested student below:

First Name		Last Name		Middle Name
Social Security Number	Date of Birth	Gender	Race/Ethnicity	
Address			Phone Number (include area code)	
Email Address			Alternate Contact Information	
<p>I hereby authorize the student listed above to participate in Pre-Employment Transition Services. I authorize the Local Education Agency to release Disability Certification information to the Department of Human Services, Vocational Rehabilitation Program. I understand that this information will be treated in a confidential manner by VR and is not protected under the Health Insurance Portability and Accountability Act (HIPAA).</p> <p>Participation in Pre-Employment Transition Services does not qualify this individual for VR services.</p>				
Parent <input type="checkbox"/> /Guardian <input type="checkbox"/> /Adult Student <input type="checkbox"/>  Signature _____ Date: _____			Printed Name	
County			School	