



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"/>			Printed Name
Signature		Date:	
County			School