



**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
Street: City & State: Zip Code:			Phone Number (include area code)	
Email Address			Alternate Contact Information	
<p><b>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.</b></p> <p><b>Participation in Pre-Employment Transition Services does not qualify this individual for VR services.</b></p>				
Parent / Guardian / Adult Student			Printed Name	
Signature		Date:		
County			School	