



Tennessee Department of Human Services – Vocational Rehabilitation Program
Pre-Employment Transition Services Permission
HS-3288

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
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.			
Participation in Pre-Employment Transition Services does not qualify this individual for VR services.			
Parent / Guardian / Adult Student Signature _____ Date: _____			Printed Name _____
County			School