



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

First Name		Middle Name	Last Name
DOB		Gender	Hispanic or Latino (yes or no)
Race (check all that apply) ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	Home Street Address		
	City		County
	State		Zip
Preferred contact Method ☐ Regular Mail ☐ Large Print ☐ Braille ☐ Email ☐ Phone	Mailing Address ☐ Check if the Same as Home		
	City		
	State		Zip
Student Phone Number:		Student Email Address:	
Student Grade:	Student School:		Social Security Number (optional)
Alternate Contact Name:		Relationship:	
Alternate Phone Number:		Alternate Email Address:	
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 (VR) 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. SSI/SSDI Benefits will not be affected by participation in this program.			
☐ Parent ☐ Guardian ☐ Adult Student			
Signature			
Printed Name		Date	

TDHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Date of Last Review: 09/26/2023

Date of Next Review: 09/26/2026

HS-3288

Effective Date: 10/01/2023

RDA: 2117

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