Pre-Employment Transition Services Permission

<table>
<tr><td colspan="2">FIRST NAME</td><td colspan="2">LAST NAME</td><td colspan="2">MIDDLE NAME</td></tr>
<tr><td colspan="2">SOCIAL SECURITY NUMBER</td><td>DATE OF BIRTH</td><td>GENDER</td><td colspan="2">RACE/ETHNICITY</td></tr>
<tr><td colspan="4">ADDRESS</td><td colspan="2">PHONE NUMBER (Include area code)</td></tr>
<tr><td colspan="4">EMAIL ADDRESS</td><td colspan="2">ALTERNATE CONTACT INFORAMTION</td></tr>
<tr><td colspan="6">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 (VR). 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).

Participation in Pre-Employment Transition Services does not qualify this individual for Vocational Rehabilitation services.</td></tr>
<tr><td colspan="4">Parent ☐ /Guardian ☐ /Adult Student ☐

Signature: Date:</td><td colspan="2">Printed Name:</td></tr>
<tr><td colspan="3">County</td><td colspan="3">School</td></tr>
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