

South Carolina Department of Social Services
**AUTHORIZATION FOR VERIFICATION OF ATTENDANCE
FOR VOCATIONAL EDUCATION**

Date: _____

Client's Name: _____ SSN: XXX-XX-_____ Case No.: _____

Name of Institution: _____

Address of Institution: _____

I, _____, hereby authorize the South Carolina Department of Social Services to verify my attendance and any other facts relevant to participation in programs administered by the Department of Social Services.

Periods to Cover: _____ - _____
From To

I certify that I have read the above statement and understand that this gives my permission for release of such information.

Client's Signature: _____ Date: _____

INSTRUCTIONS FOR DSS FORM 1303

This form is used to obtain the client's permission to verify attendance at colleges, universities and technical colleges.

The periods of time on this form should coincide with the terms outlined on the client's Employability Plan.

This form should be completed by the case manager and signed by the client.