



Valley Adult School

520 Chaney Street • Lake Elsinore, CA 92530

Principal – Dr. Greg Cleave

Asst. Principal – Nohora Vazquez

VOLUNTARY AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND RECORDS FORM

PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 *United States Code* § 1232g; 34 *Code of Federal Regulations* Part 99) and California *Unemployment Insurance Code* Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number (SSN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

PLEASE READ THE FOLLOWING CAREFULLY

I understand that the CDE is requesting my SSN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.

I understand that I have the right to decline this request and that I am not required to give my permission.

I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.

I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.



Valley Adult School

520 Chaney Street • Lake Elsinore, CA 92530

Principal – Dr. Greg Cleave

Asst. Principal – Nohora Vazquez

____ (Initial) I consent and agree to provide my SSN and share my personally identifiable information and records:

I, (Print Name)_____ hereby consent and agree that the CDE may collect my SSN and share my personally identifiable information with the EDD. The EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

Or,

____ (Initial) I do not consent to share my personally identifiable information and records:

I, (Print Name)_____ do not consent or agree that the CDE may collect my SSN and share my personally identifiable information with the EDD.

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN provided herein.

SSN (if consent given)

Signature

Date



I do not have a social security number.

PRINT NAME