

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 (COE) 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 COE 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 COE 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 COE 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.

PRIVACY NOTICE AND STUDENT CONSENT FORM

STUDENT CONSENT: (18 YEARS AND OLDER)

NAME: (Please Print) _____

YES

I have been informed of the ways my social security number and other demographic information will be used. I have voluntarily provided this information.

NO

I do not want to give my social security number or other information. I have voluntarily decided **NOT** to provide this information.

Signature

Date

My Social Security Number is

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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