

TRAINING PROVIDER CLOSE-OUT FORM

A. Training Provider Information

Agency Name: _____

Address: _____
(Provide addresses for multiple locations on a separate page)

City, State, Zip: _____

Telephone: _____ FAX: _____

Email: _____

B. Administrator Information

Administrator's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____

Email: _____

C. Student Transcripts and School Records

The school officially opened on: _____

The school officially closed on: _____

Describe where ALL student records will be maintained and provide contact information where students can access their official records:

- Department of Labor and Workforce Development*
Center for Occupational Employment Information
Training Evaluation Unit – Student Records
John Fitch Way, PO Box 057
Trenton, New Jersey 08625-0057
(609) 292-0006

** Please provide student records on disc (CD, DVD, etc.).*

Name and Title of Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____

Email: _____

D. Notification of Closing

- | | | |
|---|------------------------------|-----------------------------|
| 1. Were there any students enrolled and/or attending classes at the time of the school's closure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were students notified in writing of the closing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were students notified in writing of the record storage procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Were students given a copy of their student records (transcripts, diploma, etc.?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have teach-out arrangements been made for current students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, include a copy of all teach-out agreements.

E. Authorized Signature

Name and Title: _____
Signature: _____ Date: _____

Please return this form and documents to the:

New Jersey Department of Labor and Workforce Development
Center for Occupational Employment Information
Training Evaluation Unit
John Fitch Way, 5th Floor
PO Box 057
Trenton, New Jersey 08625-0057

Email: trainingevaluationunit@dol.nj.gov
Phone: (609) 292-4287