

Consent to Share Academic Information

I, (*student name*) _____, give permission to (*name of agency*) _____ to share my school records. This includes my high school equivalency test results, if applicable. The records they can share include my name, Social Security number, student ID number, address, and date of birth. They can share this information with the Department of Labor and Workforce Development and the (*consortium lead agency/sole provider*) _____, which works with the NJ Department of Labor to run our education programs.

I understand that my records will be used only for making group reports for the National Reporting System (NRS), checking how well our education programs are working, or making sure we follow federal rules for the WIOA Title II adult education grant program.

By signing this, I agree that I have read and willingly allow the release of my information as described above.

Signature (parent/guardian if under 18)

Date