

Rural Information Technologies Alliance (RITA) – Study Consent Form

TENNESSEN WARNING NOTICE

The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it and any consequences you may experience if you supply the information or not.

Why we need the data:

- Your Social Security Number is requested to identify you as a unique individual and to find wage data on you that helps us determine how well our services helped you.
- Personal characteristics, age, gender, ethnicity, race, disability and/or economic status are collected to evaluate our performance and in some cases to determine if you're eligible for special assistance.
- Veteran status is asked to determine if you are eligible for special services and to evaluate our service delivery.
- Work and education history is used to help you plan your employment and training goals.

How we intend to use the data: Work and education history may be shared with prospective employers. In addition to analyzing this data to improve our services, we may share information about you with other employment and training service providers in order to determine what services you may be eligible for and coordinate services provided to you. Data may be shared with federal and state entities that provide funding for services. Additionally, other government entities with a legal right to this data may see your information.

Consequences to you: You can refuse to supply any or all of this information; you are not legally required to provide any of this information to participate in Central Lakes College's education programs. However, not supplying sufficient information may limit our ability to provide you the services you want.

For more information visit: DEED Data Practices: www.deed.state.mn.us/privacy.htm Minnesota Data Practices Act: www.revisor.leg.state.mn.us/stats/13/ Minnesota Department of Administration Information Policy Analysis Division: www.ipad.state.mn.us/index.html

CONSENT TO RELEASE PRIVATE DATA MAINTAINED BY the Department of Employment and Economic Development (DEED) and Central Lakes College

The Improve Group is asking for your consent (permission) to let us release private data that we keep about you to the entities (people, agencies, or organizations) listed on this form. The data cannot be released without your consent. This form tells you what data we need to release. It also explains the reasons why we need to release the data and what will happen (consequences) if you give your consent.

You have the right to look at all the data described on this form and have copies of the data. We encourage you to look at the data before you decide whether to give your consent. If you want to look at the data or have copies, you must make a data request. You may make a data request by calling the Improve Group at 651-447-5539.

You have the right to choose the data we release. This means you have the right to let us release all of the data, some of the data, or none of the data described on this form. You also have the right to let us release data to all, some, or none of the entities listed on this form. We can release only the data you choose and only to the entities you choose.

If you give us your consent, we can release the data until the RITA study has been completed in 2019. You have the right to stop your consent (revoke or take back your permission) any time before the RITA study has been completed in 2019. If you want to stop your consent, you must write to Kate Noble at katen@theimprovetgroup.com and clearly say that you want to stop or take back all or part of your consent. We cannot stop the use of data that we already have used because you gave your consent.

Important: If you have a question about anything regarding your consent to participate in the study, please contact Kate Noble at katen@theimprovetgroup.com or at 651-447-5539 before you sign below.

TERMS OF AGREEMENT TO PARTICIPATE IN THE RITA STUDY

[1] I give my permission for the Department of Employment and Economic Development and Central Lakes College to release data related to my academic record (including withdrawal, enrollment status, and degrees/certifications enrolled in and obtained, and other pertinent school-related data) and my employment record (including retention, earning outcomes, sector of employment, and other pertinent employment information) in the way described on this form;

[2] The specific data or type(s) of data that the Department of Employment and Economic Development and Central Lakes College may release is my academic record (including withdrawal, enrollment status, and degrees/certifications enrolled in and obtained, and other pertinent school-related data) and my employment record (including retention, earning outcomes, sector of employment, and other pertinent employment information);

[3] I agree to let the Department of Employment and Economic Development and Central Lakes College release this data to the Improve Group;

[4] I understand that the Department of Employment and Economic Development and Central Lakes College needs to release the data in order for the Improve Group to compare the data of former students to the data of current students in order to test whether the RITA funding is impacting current student outcomes;

[5] I understand that, if this data is released to this entity(ies), the result(s) will be that the data will be compared to the same data of current students in order to test whether the RITA funding is impacting current student outcomes.

[6] I certify all statements and attachments on this form are true to the best of my knowledge and will be used to determine eligibility for the training program services. I understand it is my responsibility to submit any changes in writing for change of address, phone number, employment, pay status or course of study, etc.

[7] For research purposes to meet reporting requirements related to the U. S. Department of Labor TAACCCT grant, I authorize Central Lakes College to use any information about me related to my academic record (including withdrawal, enrollment status, and degrees/certifications enrolled in and obtained, etc.) and my employment record (including retention, earning outcomes, etc.).

[8] I authorize Central Lakes College to use my social security number from their records in order to identify me as a participant of this study to the Department of Employment and Economic Development.

[9] I understand that any information personally identifying me will be removed before any data about me will be transmitted to the federal grant officer for purposes of national research regarding the U.S Department of Labor program.

[10] I have read the Tennessee Warning above.

By signing below, I am indicating that I have read and agree to all of the terms above.

Date: _____ **Signature:** _____ **Printed Name** _____

Please complete, sign, and return this form to the [Improve Group](#) using the included [pre-addressed, postage-paid return envelope](#) in order to participate in the study. Thank you!

"This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This solution is copyrighted by the institution that created it. Internal use, by an organization and/or personal use by an individual for non-commercial purposes, is permissible. All other uses require the prior authorization of the copyright owner." Central Lakes College is an equal opportunity employer and ADA Accessible.

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For more information visit: DEED Data Practices: www.deed.state.mn.us/privacy.htm Minnesota Data Practices Act: www.revisor.leg.state.mn.us/stats/13/ Minnesota Department of Administration Information Policy Analysis Division: www.ipad.state.mn.us/index.html

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Equal Opportunity Is the Law

It is against the law for Central Lakes College as a recipient of Federal financial assistance to discriminate on the following bases against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The college must not discriminate in any of the following areas:

- deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The Central Lakes College Equal Opportunity Officer, Human Resources Director, Central Lakes College, 501 West College Drive, Brainerd, MN 56401 218-855-8054; or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-41 23, Washington, DC 20210.

If you file your complaint with the college, you must wait either until the college issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the college does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the college to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the college does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Section 504 of the Rehabilitation Act of 1973

The purpose of this part is to effectuate Section 504 of the Rehabilitation Act of 1973, and amended by the Rehabilitation Act Amendments of 1974 which is designed to eliminate discrimination on the basis of handicap in any program or activity receiving Federal financial assistance.

Title IX, Age Discrimination Act of 1975

It is the purpose of this chapter to prohibit discrimination on the basis of age in programs or activities receiving Federal financial assistance. Pursuant to regulations prescribed under section 6103 of this title, and except as provided by section 6103(b) of this title and section 6103(c) of this title, no person in the United States shall, on the basis of age, be excluded from participation, in or be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

Section 188 of the Workforce Investment Act of 1998

Federal financial assistance for the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of disability under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.)), national origin, age, disability, or political affiliation or belief.

Grievance: Anyone who believes that they have been subjected to an act of discrimination based on the laws as outlined above may file a complaint or as appropriate a grievance with (Human Resource Director, Central Lakes College, **501 West College Drive, Brainerd, Minnesota 56401** 218-855-8050).

I confirm that I have received and read a copy of the Tennessee Warning and Equal Opportunity Form.

Name _____ Date _____

Signature _____ Tech ID _____



Credit for Prior Learning Course Worksheet

This worksheet is a tool to help students identify courses in which they believe they can already demonstrate the identified learning outcomes and objectives via previous training, certifications and/or work/life experience. Students believe they can demonstrate their skills and knowledge through their development of a portfolio with examples of their work and/or an oral and written comprehensive exam administered by faculty. This worksheet should be completed and discussed with a RITA Education & Employment Advisor prior to developing a portfolio and/or registering for a Credit for Prior Learning review for a course. A worksheet should be completed for each course being considered for a review.

Course to be considered for Credit for Prior Learning –

Prefix, Name, Number:

The first step is to review the Common Course Outline for the course. On CLC's website homepage click on the upper left on Programs & Majors, click on Common Course Outlines, click on Career and Technical, and then click on Computer Technology and scroll through and select the course you want to review. Thoroughly review the course description, purpose, all learning outcomes and the topical outline. If after your thorough review, you believe you can demonstrate mastery of the course outcomes and learning objectives, continue on and complete the rest of this worksheet.

After reviewing the Common Course Outline for this course, I believe I can demonstrate mastery of the course outcomes and learning objectives in the following ways:

- 1. Work experience. Include examples of projects you have completed. Length of time you have spent on tasks that demonstrate mastery of the course outcomes and objectives. Include all relevant experience and amount of time you have spent on the job completing related tasks.**

(over)



2. Documentation of any related industry training and certifications. Include length and dates of training and date certification(s) were earned.

3. Any other supporting documentation and/or information that supports registering for a Credit for Prior Learning review for this course.

After completing this worksheet, forward and discuss with your RITA Employment and Education Advisor. From there it will be determined if you should register for a Credit For Prior Learning review by faculty and develop a portfolio for a faculty review and decision on whether you will be awarded credits. Please note that registering and paying for a Credit for Prior Learning review does not guarantee that you will be approved and awarded credits through the review process.

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. Central Lakes College does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in the employment or provision services.



Student TECH ID		Social Security Number		Today's Date:	
Name: First		Middle		Last	
				Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Former Name(s)			Date of Birth (mm/dd/yyyy)		Age
Street Address		City		State	
				Zip	
Mailing Address (if different than street address)					
College Email			County of Residence		State of Residence
Personal Email			On what date did you begin living in your state of residence?		
What is the best way to contact you? <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Personal email <input type="checkbox"/> College email <input type="checkbox"/> Other _____			Home Phone		Cell Phone
Alternate phone or secondary contact with whom we are authorized to communicate:				Do you agree to be contacted via text message? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Current Work Status		Race-Ethnicity		Citizenship Information/Right to Work	
Please select all that apply <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Dislocated worker <input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed with Unemployment Insurance <input type="checkbox"/> Underemployed <input type="checkbox"/> Eligible for TAA funding <input type="checkbox"/> Volunteering <input type="checkbox"/> Employed but received Notice of Termination		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Race (please select all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Choose not to declare a race		Are you eligible to work in the U.S.? <input type="checkbox"/> No, not a U.S. Citizen <input type="checkbox"/> Yes, U.S. Citizen Student Visa/Legal Alien Registration <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent Expiration Date: <hr/> Legal Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other Other Language(s):	
Disability Status			Military Status		
Are you disabled as defined by the Americans with Disabilities Act (ADA)? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are there any disabilities that we should know about that could affect your ability to maintain employment or obtaining education to employment? <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe): _____		Please identify your military status: <input type="checkbox"/> Current military (Active, Guard, Reserve) <input type="checkbox"/> Veteran <input type="checkbox"/> Eligible military/Veteran spouse <input type="checkbox"/> Not a Veteran	

Brainerd Campus | 501 West College Drive, Brainerd, Minnesota 56401 | 800-933-0346 | (218) 855-8000
 Staples Campus | 1830 Airport Road, Staples, Minnesota 56479 | 800-247-6836 | (218) 894-5100
www.clcmn.edu

RitaConsortium.org



Current Employment (Complete this section if you <u>are</u> currently employed.)	Previous Employment (Complete this section if you <u>are not</u> currently employed.)																
Current employer: _____ Job Title: _____ Start Date (Month/Year): _____ Hours per week: _____ Hourly wage: _____ Do you receive employment benefits (e.g., health insurance)? <input type="checkbox"/> No <input type="checkbox"/> Yes: What is your industry? <input type="checkbox"/> IT, related to my program of study/major <input type="checkbox"/> Other IT, not related to my program of study/major <input type="checkbox"/> Other, IT Did you work in a IT industry before this job? <input type="checkbox"/> No <input type="checkbox"/> Yes	Most recent employer: _____ Previous Job Title: _____ Employment End Date (Month/Year): _____ How long did you work for that company? _____ What was your <u>hourly</u> wage? _____ What was your work status? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Have you ever worked in the IT industry? (Select all that apply) <input type="checkbox"/> Yes, in an area related to my program of study/major <input type="checkbox"/> Yes, in an area not related to my program of study/major <input type="checkbox"/> No, I have never worked in the IT industry																
Previous Education & Training	Current Education & Training																
Education Completed (Select all that apply): <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college credits <input type="checkbox"/> Certificate(s) <input type="checkbox"/> College diploma <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree or higher High School/GED: Year _____ School _____ Some College (earned credits, did not complete): Year _____ School _____ Certificate(s): Year _____ School _____ Type(s)/title(s) _____ College Diploma: Year _____ School _____ Major _____ Associate's degree: Year _____ School _____ Major _____ Bachelor's degree (or other): Year _____ School _____ Major _____	Program: _____ Program Start Date: _____ What is your enrollment status? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Are you a . . . ? <input type="checkbox"/> New student <input type="checkbox"/> Transfer student from other college (Number of applied/estimated transfer credit _____) <input type="checkbox"/> Former student restarting program or starting new program (Number of credits completed _____) Do you think you may be qualified for prior learning credits based on your previous working and learning experiences? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know anything about prior learning credits.																
Parents'/Guardians' Education Levels																	
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<input type="checkbox"/> College diploma	<input type="checkbox"/> College diploma																
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree																
<input type="checkbox"/> Bachelor's degree or higher	<input type="checkbox"/> Bachelor's degree or higher																
Social Service Program Status																	
Are you enrolled in any of the following programs? (Select all that apply) <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> Work Force Center																	



- FoodShare Employment and Training (FSET) Other social or financial assistance services: _____
- Dislocated Worker Program _____

This information is being requested to determine eligibility for grant-funded services. I know that state and federal privacy laws protect my records. If I have a question about anything on this form, or would like more explanation, I can discuss it with my Education & Employment Advisor before I sign it. I understand:

Why I am being asked to release this information.

I do not have to provide the information or consent designated on this form. However, if I do not, I will not be eligible for grant-funded services including assistance with transportation, housing, and/or childcare concerns; support for career planning and/or job-seeking needs; and/or classroom simulation activities if applicable.

Any information obtained will be kept confidential.

Grant staff may contact me in regard to services they may be able to provide, and/or to obtain information the Department of Labor requires for reporting purposes.

I authorize my college Central Lakes College, Pine Technical College, Ridgewater College or North Central Texas College, grant staff, my employer, and the U.S. Dept. of Labor to share information about me in order to provide grant-funded services.

I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released.

This consent expires one year after program participation ends or at the end of the grant program period, whichever comes first.

I give my permission for State and/or Federal agencies to release information to my college regarding my employment, including place of employment, dates of employment, and wage data, as required by the Department of Labor to fulfill grant reporting requirements. These agencies may include the Department of Employment and Economic Development, Workforce Centers, and other agencies who collect and maintain Unemployment Insurance Wage data under the Workforce Investment Act. I understand that I have asked for these data, tied to my Social Security Number, to be released and that these data are classified as private. My college will treat the data as required by the state of MN and federal laws.

I attest that the information I have provided is true and correct to the best of my knowledge.

I acknowledge that I have received a copy of the Equal Employment Opportunity Commission (EEOC) Statement describing my rights under the law and the procedure to file a grievance and that I have received a copy of the Tennesen Warning Notice.

Print Name: _____

Signature: _____ Date _____

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Central Lakes College does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in the employment or the provision services.



Student Information

Last Name _____ First Name _____ Middle Name _____ Former Name _____
Home Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Home County _____
US Citizen Yes No Email Address _____

Although your registration will be accepted without a social security number, providing it will reduce the likelihood of error when matching data with your registration. Central Lakes College is asking you to provide information that includes private and/or confidential information under State and Federal Law. In the computerized system, the Social Security Number is the primary means of identification. The college will use this information for positive identification to ensure your records are not confused with those of other students. The information collected will only be used for registration purposes by the Central Lakes College and the MnSCU system and will not be sold or distributed.

Birthdate (MM/DD/YY) _____ Social Security Number _____

- Gender
 Female
 Male
- Racial/Ethnic Origin
 American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or other Pacific Islander
 White

Employer Information

Employer Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Fax Number _____ Company Size 1-20 21-50 51-100 Over 100
Employees

Payment Total Amount \$ _____ (payment must accompany registration)

- Check Enclosed (payable to Central Lakes College) – *if mailing*
 Visa Mastercard
 Receipt Needed

Name on Card _____ Credit Card # _____ Exp. Date _____

Billing Address _____

(continued)

Remit completed form & payment via email to: Central Lakes College, ATTN: Rebecca Best

Contact Information

Email rbest@clcmn.edu
Toll Free 1-800-933-0346, ext. 8143
Phone 218-855-8143

Policy/Information

- Class confirmation is not sent.
- Refunds: A full refund is issued if a class is cancelled.

Accommodations

Central Lakes College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529." Revised 10/11/10

Directory Information

Central Lakes College has designated the following information as directory information. Directory information is public data unless you request this data to be treated as private data.

- Student's name
- Telephone number
- Hometown
- Major field of study
- Degrees, honors and awards received
- Participation in officially recognized activities and sports
- Photographs (still or motion)
- Address (local and permanent)
- Email address
- Date of graduation
- Height and weight of athletes
- Dates of attendance
- Enrollment status (i.e., enrolled, withdrew, full-time or part-time)

Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or organizations will be refused without your written authorization, **except where required by law**. For example, the college would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, apartment leases, etc. unless the request is accompanied by your signed, dated release. Central Lakes College cannot assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld. Your request to withhold your directory information will remain in effect until you inform us in writing to rescind it.

Students may direct that any or all of the above-listed Directory Information be withheld from public disclosure by notifying the Registrar in writing. *Non-Disclosure of Public Information* forms are available from the Records and Registration Department at www.clcmn.edu/registration/forms.html.

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