

Contextualized Learning Workshop

Event is hosted by N-PACE, or the Nebraska Precision Ag Center for Excellence, is a US Department of Labor grant to establish a precision agriculture component to the existing Agricultural Sciences program at CCC.

The purpose of this form is to gather information about participants in N-PACE sponsored workshops. This information must be reported back to the US Department of Labor to evaluate the success of the grant. Information will be kept confidential, and no personal information will be shared in the report for the Department of Labor. You will be assigned a number by the N-PACE staff, and that number will be the only means used to identify your answers given in this form.

Please be as accurate as possible in your answers. Thank you!

* Required

1. **Email address ***

2. **Today's Date: ***

Example: December 15, 2012

Student Information

3. **Last Name: ***

4. **First Name: ***

5. **Street Address:**

6. **City/State/Zip:**

7. **Contact Phone:**

8. **Birth Date:**

Example: December 15, 2012

9. **Gender:**

Mark only one oval.

Male

Female

10. **Race:**

Mark only one oval.

- Black, Non-Hispanic
- White, Non-Hispanic
- American Indian/Alaskan Native
- Asian/Pacific
- Hispanic
- Other, fill-in answer below

11. **Other from above question:**

12. **Are you of Hispanic/Latino origin?**

Check all that apply.

- Yes
- No

13. **Please select a workshop location in which you would like to attend. ***

Mark only one oval.

- Hastings
- Columbus

GRANT FUNDED STUDENT'S AUTHORIZATION TO DISCLOSE INFORMATION FROM EDUCATION RECORDS

The purpose of this form is to allow Central Community College to gather certain demographic and educational data related to participation in the N-PACE Grant for aggregate reporting to the U.S. Department of Labor. The data will enable analysis of participants and will be masked to hide identifying characteristics. No data that would identify individual participants will be shared.

I understand that my educational records are protected by the Family Educational Rights and Privacy Act of 1974. Central Community College endorses compliance with EEO guidelines and adherence to affirmative action principles. Any disclosure of student information outside of the educational institution must be with prior written consent of the student. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

14. **Checking boxes indicates "I authorize". ***

Check all that apply.

- I hereby authorize the disclosure of the following: Demographic or contact information, including my social security number and other personally identifiable information.
- I hereby authorize the above listed information be disclosed to the following person(s): Applicable grant funders, educational institutions, fiscal administrators of grant programs, and individuals compiling information for the purposes of demonstrating compliance with grant outcomes and reporting.
- I hereby authorize the release of information for the following purposes: For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
- I understand further that: Such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
- I understand further that: I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
- I understand further that: This authorization remains in effect unless revoked by me in writing.

15. Type your name and the date here: *

By signing this form, I certify that I agree to the disclosure of the records referenced above. This authorization and consent by me is valid for the life of the grant reporting period or until I revoke it in writing.

16. Signature

Check all that apply.

Checking this checkbox indicates your signing this document.

17. OPTING OUT

Check all that apply.

I am opting out of signing this form and understand that I may not be eligible to receive grant-funded educational assistance because of this decision.¹

18. If checking the above box about opting out, please put your Initials and the Date here

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A copy of your responses will be emailed to the address you provided

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