

Today's date: _____					
STUDENT INFORMATION					
Last name:		First:	Middle:	Birth date: / /	Age: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			City:	State, ZIP Code:	
Contact phone # : ()		Social Security Number:		Email address:	
Ethnicity: <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but work authorized	
MILITARY/DISABILITY/EMPLOYMENT/SCHOOL INFORMATION					
DISABILITY INFORMATION			TRADE ADJUSTMENT ASSISTANCE (TAA)		
Are you disabled as defined by the American with Disabilities Act (ADA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you eligible for TAA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT INFORMATION					
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> Full-Time <input type="checkbox"/> Benefits <input type="checkbox"/> No <input type="checkbox"/> Part-Time		If yes , who is your employer? _____	
If no , do you receive Unemployment Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What is your current job? _____	
If no , did you recently lose employment?		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No		What is your current monthly gross earnings? \$ _____	
What is your short-term (1 – 2 years) occupational goal? _____					
What is your short-term (2 – 5 years) income goal (monthly gross earnings)? \$ _____					
What is your longer term occupational goal? _____					
MILITARY INFORMATION and PRIORITY OF SERVICE DEFINITION					
Have you completed your Selective Service Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
What is your military status? <input type="checkbox"/> Active <input type="checkbox"/> Guard/Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Not Applicable		If not currently in the Military, did you receive anything other than an Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list reason: _____		Are You a Spouse to: <input type="checkbox"/> Service Member? <input type="checkbox"/> Veteran? <input type="checkbox"/> No	
"Pursuant to the Unites States' Jobs for Veterans Act (38 U.S.C. §§38-101 et seq.), veterans, and spouses of certain veterans ("Covered Persons"), shall be given priority over a non-covered person for the receipt of employment, training, and placement services provided under this program, notwithstanding any other provision of the law. If you are a veteran, or the spouse of a veteran, please inquire about receiving priority service."					
SCHOOL INFORMATION					
Are you currently attending College? <input type="checkbox"/> Yes College Name: _____ <input type="checkbox"/> No			Highest Educational Level Completed:		
Assessment(s) Taken: <input type="checkbox"/> ACT <input type="checkbox"/> COMPASS <input type="checkbox"/> ASSET <input type="checkbox"/> Other: _____		Are you Full time or Part time? <input type="checkbox"/> Full Time (12 or more credit hours for fall/spring, 6 or more credit hours for summer) <input type="checkbox"/> Part Time (less than 12 for fall/spring, less than 6 for summer) # of Credit Hrs. completed: <input type="checkbox"/> 1-50 <input type="checkbox"/> 50 or more		<input type="checkbox"/> Less than HS Diploma/ no GED <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Completed AA/AAS degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Study above Bachelor's	
What is your major?		Are you Pell Grant Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
What is your educational goal?		<input type="checkbox"/> Non-credit - certificate completions <input type="checkbox"/> Credit - less than 1 year certificate		<input type="checkbox"/> Credit - 1 year certificate <input type="checkbox"/> Credit - Associate Degree	



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 Project IMPACT 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:

I hereby authorize the following officials to disclose my educational records:

1. College officials and/or faculty members teaching courses for which I am currently (or was) enrolled:

I hereby authorize the disclosure of the following:

1. Demographic or contact information, including my social security number and other personally identifiable information.
2. Employment status
3. Financial information, including financial aid, student account balance, and Veterans benefits
4. Academic records including placement test records, class schedule, grades, attendance, and any information regarding my academic progress prior to the final determination of grades.

I hereby authorize the above listed information be disclosed to the following person(s):

1. 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:

1. To monitor, assist and determine eligibility for grant-funded programs.
2. To monitor and assist with respect to retention and student support needs related to programs within Student and Career Services.
3. For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
4. To monitor and assist with graduate placement needs and employment outcome tracking.

I understand further that:

1. 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.
2. I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
3. This authorization remains in effect unless revoked by me in writing.

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.**

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. Initials _____ Date: _____

Printed Name

Signature

Date



EQUAL OPPORTUNITY IS THE LAW

Central Community College does not discriminate on the basis of race, gender, religion, nationality, or disability in educational programs, admissions policies, employment policies, financial aid, or other College administered programs and activities. It is the intent of Central Community College to comply with both the letter and the spirit of the law in making certain discrimination does not exist in its policies, regulations, and operations. Inquires may be addressed to the CCC Human Resources Department for Title IX, ADA, Section 504, Executive Director, 3134 West Highway 34; PO Box 4903, Grand Island, NE 68802-4903, phone: 308-398-7325, email: cwaddle@cccneb.edu.

I acknowledge that I have read and understand the above statement.

Printed Name

Signature

Date

