



2024-25 Adult Student Profile Document (ASPD)

The personal information requested below will be used to create your account. Please complete the form as honestly and accurately as possible. All Items with an asterisk (*) are required.

*Intake Date ____ (mm/dd/yyyy)

*Social Security Number: ____ - ____ - ____ (By checking this box, I choose not to provide a Social Security Number.)

*Last Name _____

*First Name _____

Middle Name/Initial _____

*Birth Date ____ (mm/dd/yyyy)

If you are under 18 years old, have you been released from compulsory attendance? Yes No

*Sex (Check one) Female Male Non-Binary Prefer Not to Answer

*WIOA Core Program Co-Enrollment (Select one):

- Title I – Adult and Dislocated Worker (DWDA)
- Title III – Wagner-Peyser (DWDA)
- Title IV – Vocational Rehabilitation (DARS, DBVI)
- None

*Are you Hispanic/Latino? Yes No

*Which best represents your racial origin? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

*Highest Education Level Completed on Entry (Check one)

- | | |
|--|---|
| <input type="checkbox"/> No schooling | <input type="checkbox"/> Secondary school diploma or alternate credential |
| <input type="checkbox"/> Grades 1-5 (Last grade completed ____) | <input type="checkbox"/> Secondary school equivalency |
| <input type="checkbox"/> Grades 6-8 (Last grade completed ____) | <input type="checkbox"/> Some postsecondary education (no degree) |
| <input type="checkbox"/> Grades 9-12 (Last grade completed ____) | <input type="checkbox"/> Postsecondary or professional degree |
| (no diploma) | <input type="checkbox"/> Unknown |

*Highest Education Completed on Entry Location (Check One) U.S.-based schooling Non U.S.-based schooling

*Employment Status – What is your employment status at date of this registration? (Select one)

- Employed
- Employed (But notified that employment is ending or separation from military is pending)
- Unemployed
- Not in the labor force (not looking for a job)

*Employment Barriers – Do you have a barrier to employment? Yes No

If "Yes," select all that apply:

- I have a disability
- I am a displaced homemaker

- I have a low income
- I am an ex-offender
- I have less than two years of TANF lifetime eligibility
- I am or used to be in the foster care system
- I have no fixed address/I am homeless
- I am long-term unemployed (I have been unemployed for 27 or more weeks)
- I am a migrant farmworker
- I am a seasonal farmworker
- I am a single parent

*Mailing Address (Line 1) _____

*Mailing Address (Line 2) _____

*Zip Code _____

*City _____

County _____

*State _____

Home Phone _____

Mobile Phone _____

Work Phone _____

E-mail Address: _____

Emergency Contact Name _____

Emergency Contact Telephone _____

Emergency Contact Relationship _____

***Release of Student Information Consent**

I authorize the state, district, or territory to whom this release is submitted (collectively, the "State") and my local Adult or Technical Career program or college to use, report, and release the Personally Identifiable Information (PII) contained in my Adult Education program records, instructional plan, assessment outcomes, credential progress and attainment, and accommodation documentation (if any was provided) and to access, use, and report my Employment Data (unemployment and wage records), for purposes of education and/or employment research, planning, and reporting as required by state policy and federal regulations. This will include follow-up employment data and other educational records and information that will only be reported in aggregated form. I understand that government files will be accessed to obtain this information and will only be used for the purposes mentioned herein without specific authorization for any other use. I acknowledge that the State fully supports the mandates of the federal Family Educational Rights and Privacy Act (FERPA) and 20 CFR, Chapter V, 603.5(d)(2)(i). I understand these statements fully and authorize the use of my "program" PII and employment data for official purposes only, as approved by my signature below.

*Signature

*Date

Consent to Release Student Information for Determining Additional Workforce Assistance Eligibility

By signing below, I authorize my adult education provider to release my directory information to workforce agencies at my local Virginia Career Works to determine if I qualify for additional workforce assistance, including occupation-specific training. The signed consent is valid while I am enrolled in this program.

Signature

Date