#### **Mid-Coast School of Technology Adult Education**

#### 1 Main Street – Rockland, ME 04841

## Welding & Machine Tool Course Application/Registration Form

Name:	
Home phone:	Work or Cell Phone:
Mailing address:	Town & Zip:
Email:	
Date of Birth:	
Social Security#	(required for Workforce training courses)
Last Grade Completed in School:	
Are you currently employed?	
Place of employment:	
How did you learn about our Wel	ng/Machining courses?
What <b>best describes</b> your interest	easons for taking this course (please mark <b>all</b> that apply):
Employment in t	Field
Employment in I	ew Occupation
Hobby/Personal	
Self-Employmen	
Course Name	Start Date Fee
1	
2	
3	

## **Release of Social Security Number and Exchange of Information**

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education and/or
- Have entered college or a training program after attending adult education

Federal funds are used to pau for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary educa-tion information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and post-secondary records with the agencies listed below.

- The Maine Department of Labor To report how many adults from Maine Adult Education Programs are employed. The data match does not identify you by name or where you work.
- The National Student Clearinghouse To report how many adults from Maine Adult Education Programs are enrolled in post-secondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a data match in order to obtain the information we need for federal reporting.

# The Information obtained by the Department of Education will be used for the sole purpose of data match reporting and will not be shared with other individuals of agencies without your written permission. All data used to conduct the data match will be purged from the Department of Labor system after the report Is complete.

I give permission to use my Social Security Number:

Signature \_\_\_\_\_

Print Name\_\_\_\_\_