

Mid-Coast School of Technology Adult Education

1 Main Street – Rockland, ME 04841

QuickBooks or Excel Course Application/Registration Form

Name: _____

Mailing Address: _____

Town: _____ County & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Soc Sec# _____ (required for Workforce)

Last Grade Completed in School: _____

Are you currently employed? _____ If yes, how long have you been with this employer? _____

What best describes your interest/reasons for taking course (mark all that apply)

____ Employment with current employer in the field

____ Employment in New Occupation

____ Hobby/Personal

____ Self-Employment

Course Name	Start Date
1. _____	_____
2. _____	_____

Please tell us what you hope to gain by the completion of the course(s):

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 pay for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary education 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 _____

Date _____