

ATTACHMENT C



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

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Release of Information Form

I, (print name) _____ am enrolled in an adult basic education program. The state of Massachusetts pays for this program. This program works with other programs paid for by the state such as:

- Any adult basic education programs paid for by the Massachusetts Department of Education.
- Career Centers that help people get jobs.
- Job training programs that work with Career Centers.
- Public colleges that enroll students in job training and programs to get a college degree.

These programs work together to help people get better skills and better jobs. They also work together to make it easier for students to use their services. For example, students can give information on forms or take a test just once to enroll in more than one program.

The state wants to know if the programs are helping students achieve their goals. The programs must do a good job helping students to continue receiving state money. The programs need to report to the state what goals students achieve.

By signing this form, I understand and agree to the following:

- My records may be matched against the Massachusetts Department of Revenue's wage records. This information may be shared with the programs listed above.
- I give permission to my program to share some of my information with the programs listed above. This information may include my name, social security number, address, educational/career goals, high school equivalency (GED) test scores, and employment history.
- My personal information will ONLY be shared with people who work at one of the programs listed above. It will NOT be shared with anyone else. It will be kept strictly confidential.

I am signing this form because I agree that my information can be shared with the programs listed above.

Signature of Student

Date

Signature of Staff / Witness to the Student's signature

Date

Revised 5/28/04