

Adult Student Postsecondary Enrollment Certification Form

Information collected on this form will be aggregated and used for state and federal reports on students **enrolled** in postsecondary education or training in a degree or certificate program. Information on individuals will be protected as confidential. Please complete all information requested and **sign below**.

Student Information

PA SecureID

Adult Student ID

Name (First, Middle, Last)

Date of Birth

Postsecondary/Training Program Information

Name of Program

Program Entry Date

Address of Program

Phone Number

Course of Study

Type of Program (College, University, Private

Licensed School – Trade, Business,

Industry, Union, CTC, Other – specify):

Certifications:

I certify that this information is correct to the best of my knowledge. By signing this certification, I am authorizing

_____ (name of Adult Education Program)

as a Grant Recipient to operate an adult education or family literacy program by the Pennsylvania Department of Education, to verify my enrollment with the institution named above.

Signature of Adult Student

Date

I certify that this information is correct to the best of my knowledge. By signing this certification, I certify that the student named above enrolled at the institution named above.

Signature of Postsecondary/Training Program Official

Date

Name of Adult Education Program

Signature of Adult Education Program Official

Date

Phone Number
