

## 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**

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**Adult Student ID**

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Name (First, Middle, Last)

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Date of Birth

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### Postsecondary/Training Program Information

Name of Program

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Program Entry Date

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Address of Program

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Phone Number

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Course of Study

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Type of Program (College, University, Private

Licensed School – Trade, Business,

Industry, Union, CTC, Other – specify):

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### 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

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Date

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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

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Date

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Name of Adult Education Program

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Signature of Adult Education Program Official

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Date

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Phone Number

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