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

PASecureID _____

Adult Student ID _____

Name (First, Middle, Last) _____

Date of Birth _____

Exit Date from Adult Education Program _____

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 _____