

## 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 \_\_\_\_\_

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 \_\_\_\_\_