Arizona Department of Education Adult Education Services

LEARNER INFORMATION UPDATE

►Write CLEARLY ►Use CAPITAL Letters

Today's Date _____/_____/_____ For Program Year _____

PROGRAM USE ONLY

Learner Name

Verify the learner's **LEGAL NAME** by matching verification document(s) presented by the learner. Then enter below. If the name is longer than the space provided, enter as much as will fit. Write "Jr." "Sr." or Roman numerals after a name in the **SUFFIX** box.

Last Name

First Name Middle Initial Suffix

Verified By: _____ Signature_____

► Since I last attended this Program, I have registered for the GED® Test or have been enrolled in another Adult Education Program in Arizona. *Mark only if the answer is* **YES** ☐

► **BIRTH DATE** Month ☐☐ / Day ☐☐ /19 Year ☐☐

► **GENDER** **Male** ☐ **Female** ☐

► *The US Department of Education now requires that we report ethnicity and race with the following questions:*

ETHNICITY Are you Hispanic/Latino? Choose only **ONE**.

☐ **NO**, not Hispanic/Latino ☐ **YES**, Hispanic/Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)*

RACE Please choose the best answer(s) from the choices below. If left unmarked, the Program will choose for you.

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

► **SOCIAL SECURITY NUMBER** *(Do not enter dashes!!)*

► **SIGNATURE**

By signing below, I represent that the information I have provided in this declaration and document is true and correct and that any document(s) I present are genuine. I understand that false or misleading information or documents related to this declaration may subject me to expulsion from the program as well as other legal actions.

I also authorize the release of my education records or GED® Test results to the Arizona Department of Education, the Adult Learning Program/Center where I studied, and to third-party verifiers for work, school or other official purposes.

► **Learner Signature** _____ _____/_____/_____ Date

►►GO TO NEXT PAGE►►

LEARNER INFORMATION UPDATE

ADDRESS Has your address changed? If yes, please update. Your full street address, including apartment number or "care of" (c/o) information, must fit in the space provided. Please use abbreviations to make sure the information fits.

Street Address, PO Box, FPO, APO

City and State _____

Zip Code (+ 4)

Is this address in a rural area? **NO** ☐ **YES** ☐

E-MAIL *(Continue on next row if needed)*

Has your email address changed, or do you now have an email address? If so, please update.

PHONE NUMBERS

Has your contact phone number(s) changed? If so, please update below.

Area Code + **Cell Phone**

Area Code + **Home Phone**

INCOME Has your income changed from the previous year? If so, please mark the total amount you earned.

- ☐ $0
- ☐ $1 to $3,000
- ☐ $3001 to $5000
- ☐ $5,001 to $7,500
- ☐ $7,501 to $10,000
- ☐ $10,001 to $15,000
- ☐ $15,001 to $20,000
- ☐ $20,001 to $25,000
- ☐ $25,001 to $30,000
- ☐ $30,001 to $40,000
- ☐ More than $40,000

EMPLOYMENT Has your employment status changed? I am currently…

- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Unemployed but looking for a job
- ☐ Not currently seeking employment

My reasons for choosing to continue in adult education are… *(Mark all that apply)*

	Get My GED®		Employer requirement		Military Entrance
	Enroll in Technical or Trade School		Court Order		Military Career
	Enter 2-Year College		Public Assistance Requirement		Early Release
	Enter 4-Year College		Role Model for Family		Leave Public Assistance
	Skills Certification		Increase Involvement in Children's Literacy Activities		Achieve Citizenship Skills
	Job Training		Increase involvement in Children's Education		Vote or Register to Vote
	Get (First) Job		Personal Satisfaction		Other: please describe
	Keep Current Job		Increase involvement in Community Activities		
	Get a Better Job		Achieve Computer Literacy Skills		

I am… *(Mark all that apply)*

	In the military		In a community corrections program		A Dislocated worker
	In a correctional facility		A Single Parent		A full-time student
	In a health facility		An emancipated minor		A part-time student
	Receiving Public Assistance		A Displaced homemaker		