



Massachusetts Department of Elementary and Secondary Education

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Adult and Community Learning Services

Release of Information Form

I, (print name) _____, am enrolled in an adult basic education (ABE) program. The state of Massachusetts pays for this program. This ABE program works with other programs to help students improve their skills and get better jobs. The programs work together to make it easier for students to use their services. The state wants to know if the programs are helping students achieve their goals. Other programs and agencies that the state Department of Elementary and Secondary Education works with are listed below:

- Other adult basic education programs paid for by the Massachusetts Department of Elementary and Secondary Education.
- One Stop Career Centers and job training programs
- Public and private colleges
- State executive offices, departments, and agencies including the Executive Office of Labor and Workforce Development, Department of Revenue, and Commonwealth Corporation.
- The National Student Clearinghouse.

By signing this form, I understand and agree to the following:

- My records may be matched against the wage records and college enrollment records that assist the state to improve and evaluate its programs and to report results to the federal and state governments.
- I give permission to share my personal information with the agencies listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential, and will be used for program administration, research, and evaluation purposes.

Signature of Student / Parent or Guardian*

Date

Signature of Staff / Witness to the Student's Signature

Date

****Students under the age of 18 must have this consent form signed by the student's parent or guardian.***

Revised 5/11/10