

West Virginia Adult Education Postsecondary Verification Form

Information collected on this form will be aggregated and used for state and federal reports on students enrolled in West Virginia Adult Education Programs. Information on individuals will be protected as confidential.

Learner Name: _____
last first middle maiden

Date of Birth: _____ / _____ / _____ Social Security Number: _____ / _____ / _____
Month Day Year

Exit / Withdrawal Date: _____ / _____ / _____
Month Day Year

Enrolled in School/Training Facility: _____
(i.e. Bethany College, Valley College, University of Phoenix, Charleston School of Beauty Culture, Military)

Program / Training: _____
[i.e. CNA, Business, Engineering, Forestry, Education, Cosmetology, Military (specify branch), Real Estate]

Date of Enrollment: _____
(Sometime during the year of exit / withdraw or prior to June 30 of the following program year)

- Private WV College / University
- Public WV College / University
- Out-of-State Post-secondary / Job Training
- Private / Local Training Outside of WV's K-12 System
- On-line Post-secondary / Career Technical Education (CTE)
- Enrolled in Local CTE Program (West Virginia Education Information System/WVEIS)

Information was collected as follows:

- Student self-reported via ...
 - in person phone
 - text email
 - USPS other, _____
- Person listed below (not student) reported this information

_____ Name (please print)

Achieved Industry Recognized Credential
 Industry Recognized Credential: _____
[i.e. Word Specialist, Adobe Flash, Welding, Associate in Nursing, Certified Phlebotomy Technician, NCCER (National Center for Construction Education and Research)]

Date of Credential: _____
(Sometime during the year of exit / withdraw or prior to June 30 of the following program year)

Information was collected as follows:

- Student self-reported via ...
 - in person phone
 - text email
 - USPS other, _____
- Person listed below (not student) reported this information

_____ Name (please print)

I certify that this information is correct to the best of my knowledge. By signing below, I certify that the learner named above enrolled in and/or achieved a credential at the institution indicated above.

_____ Printed Name of Adult Education Instructor Date Signature of Adult Education Instructor