

Lake Shore Adult and Community Education
23340 Elmira St., St. Clair Shores MI
(586) 285 – 8780

Participant Release of Information Form

I, (print name) _____ am enrolled in Lake Shore Adult Education. This program works cooperatively with other programs to help individuals improve their skills and obtain/retain/improve employment. They also work together to make it easier for participants to use their services. Each program needs to report to the State of Michigan the goals participants achieve. Lake Shore Adult Education works with other programs paid for by the state such as:

- Any adult education program funded by the Michigan Department of Energy, Labor, and Economic Growth or any Program funded by the Michigan Department of Education.
- Michigan Works! Centers.
- Job training programs that contract with Michigan Works! or local adult education programs.
- Public colleges that enroll students in job training and programs to get a college degree.

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

- I give permission to Lake Shore Adult Education to share some of my information with the programs listed above. This information may include my name, social security number, address, educational/career goals, GED test scores, and employment history.
- My personal information will **ONLY** be shared with people who work at one of the programs listed above. It will **NOT** be shared with anyone else and will be kept strictly confidential.

Signature of Student

Date

Signature of Staff

Date