WIOA Consent Form

The Family Educational Rights and Privacy Act (FERPA) and the Kansas Student Data Privacy Act protect the privacy of student education records. With your consent, your data may be shared. Sharing your data may benefit your education and career goals by helping determine eligibility for services and support.

**Instructions:**

* To grant consent to share data, please check the box in the “Grant Consent” column beside the agency or agencies listed below. To refuse consent, please check the box in the “Refuse Consent” column.
* To withdraw previously granted consent, please check the box in the “Withdraw Consent” column.

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Grant Consent** | **Refuse Consent** | **Withdraw Consent** | **Agency/Organization** |
|  |  |  |  |  | All agencies listed below |
|  |  |  |  |  | Kansas Department for Aging and Disability Services |
|  |  |  |  |  | Kansas Department of Corrections |
|  |  |  |  |  | Kansas Department of Commerce, including workforce partners receiving federal funds |
|  |  |  |  |  | Kansas Department for Children and Families |
|  |  |  |  |  | Kansas Department of Health and Environment |
|  |  |  |  |  | Kansas State Department of Education |

I understand granting consent allows selected agencies to share my data with one another. Shared data may include, but is not limited to, personal identification information, test results, attendance, education, occupation, employment training, personal goals, and outcomes. Shared data may help determine eligibility for services. Consent also allows these agencies to use my information to prepare reports and evaluate programs.

I understand that I can withdraw consent at any time. To withdraw consent, I may contact the agency or check the “Withdraw Consent” box on a copy of this form and submit it to an agency listed above. I understand that withdrawing consent will stop the selected agencies from sharing my personal data.

I understand that my consent is voluntary and is not required for my participation in any programs. No services will be denied if I do not provide consent.

By signing I acknowledge that I grant consent or withdraw previously granted consent for the sharing of my personal data between the agencies as checked above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (or Parent/Guardian if student is under 18) Date

**FERPA Consent Form**

**Adult Education and Family Literacy Act (AEFLA)**

**Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student 18 years of age or older, consent to the release of personally identifiable information from my education records.

OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of a student under the age of 18, consent to the release of personally identifiable information from the education records of *(student name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This release permits the Adult Education program with which I am enrolled to share my information with the Kansas Board of Regents (the board supervising adult and higher education). As necessary, information may also be shared with other Adult Education programs and postsecondary educational institutions to facilitate my continuing education. I have the right to refuse consent, and I understand that refusal will prohibit the Adult Education program from providing services through AEFLA funding.

I understand that the records to be disclosed include personally identifiable information from my education records. I acknowledge that the purpose of the disclosure is to assist the Kansas Board of Regents in obtaining and reporting information concerning the placement and retention of students in employment as required by section 212 of the Adult Education and Family Literacy Act.

Under FERPA, I have the right to inspect and review education records and seek amendment to records I believe to be inaccurate. FERPA requires that my personal information be kept confidential except under allowable disclosures, be transmitted securely when disclosure is necessary, and be accessed only by those with authorization in connection to official purposes. An educational agency or institution must use reasonable methods to identify and authenticatethe identity of parents, students, school officials, and any other parties to whom the agency or institution discloses personally identifiable information from education records

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (or Parent/Guardian if student is under 18) Date

**Photo/Media Release**

I give consent to the Adult Education program and/or its sponsoring institution to release my name, photo, story, and/or information to be used in program promotional materials.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (or Parent/Guardian if student is under 18) Date

**GED® Release Form**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I consent to the release of my high-school equivalency (GED®) testing record, including all results and scores, to the Adult Education program I attended or am currently attending. This release will allow the Adult Education program to determine what instruction or support, if any, I may need following testing, to report and verify my credential, and to evaluate the overall effectiveness of the program.

This release is valid for two (2) years from the date the form is signed by the student or parent/guardian. Consent may be revoked upon the written request of the student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (or Parent/Guardian if student is under 18) Date