



## RELEASE OF INFORMATION FORM

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Last Name First Name M.I.

**The Adult Basic Education Program complies with the statutes and regulations pertaining to the confidentiality of a student’s personal and academic records in its possession.**

To: Adult Basic Education Program  
Northern Marianas College

*Please read carefully and check one of the options below:*

- I do **not** want my personal or class records, or any part or portion thereof, to be released or disclosed to anyone.
- I hereby authorize the Adult Basic Education (ABE) Program of the Northern Marianas College to release information regarding my education, including such information as class schedule, number and date of attendance, test results, home address, telephone numbers, enrollment status (full/part time), date and place of birth, student name, and social security number only to the person(s) named and representatives from all liability for any damage or harm whatsoever that may arise from the release of such information.

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**In signing this form, I acknowledge that I have read and understood the above.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

***\*The box below is for ABE Office use only\****

Received by: _____		Date: _____	Expiration Date: _____
Admission Status:	<input type="checkbox"/> HSE Student	<input type="checkbox"/> Adult School Student	<input type="checkbox"/> Workplace Training
Best form of contact:	<input type="checkbox"/> E-mail	<input type="checkbox"/> Text	<input type="checkbox"/> Call (home or cellphone)
	<input type="checkbox"/> Survey (online, mail, or face-to-face)	<input type="checkbox"/> Other: _____	

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**Release of Information**

I understand that information on this registration form and from my class records may be shared with the Adult Basic Education (ABE) personnel for the purpose of compiling and reporting information as required by the Adult Education and Family Literacy Act.

I authorize the program to release the following types of information:

- Directory Information (name, address, telephone, social security number, etc.)
- Record of attendance
- Educational goals and achievements
- Assessment scores
- Statistical information (gender, ethnicity, employment status, education, disability status, etc.)

I understand that information about completing my goals may be verified by some other private or government agency. This information may include:

- Getting or keeping a job
- Salary/Wage
- Enrolling in a college, university or other training program
- Passing the GED exam or getting a high school diploma
- Passing ETS HiSET (High School Equivalency Test)
- Removal from or reduction in public assistance

The following agencies may use my social security and/or other information to verify completion of the above goals: Workforce Investment Agency (WIA), Department of Education (DOE), Oklahoma (GED) Scoring Service, ETS HiSET (High School Equivalency Test) and Commonwealth Health Center (CHC), Nutritional Assistance Program (NAP-Food Stamp), Division of Youth Services (DYS), NMHC, Office of Vocational Rehabilitation (OVR), NMPASI, Karidat, Head Start Program, Ayuda Network, Social Security Administration, Department of Cultural and Community Affairs (DCCA-Child Care Program), Board of Parole, Federal/Local Court, Department of Correction, Educational Talent Search Program (NMC-ETSP), Commonwealth Women’s Association (CWA), CNMI Motherread and Fatheread Program, the Northern Marianas College (NMC-Office of Admissions and Records, Office of Institutional Effectiveness, Counseling Programs and Services, Financial Aid Office, etc.)

I understand that my social security number is needed to collect this information. I understand that giving my social security number is voluntary. The social security number may be used only to match information. It will not be used to make decisions about me or any other person.

No personal information about me will be published. If I do not give my social security number, I will not lose any rights or services as a student.

I understand that this permission is valid for two years from the date of my signature or until it is revoked in writing by me, whichever occurs first.

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Signature of Student

Date

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Signature of Parent or Guardian (if under 18 years of age)

Date