

SKILLS DEVELOPMENT GRANT: COURSE REGISTRATION

*This class was funded by the TX Workforce Commission's Skills Development Grant.
The following information is necessary to verify employees' participation in grant-funded classes*

Course Name:

Course Date:

Course Location:

Course Instructor:

Contact Hours:

First Name	Last Name	MI	3-4 ID	Facility	Title <i>RN PCT RT PT/OT SW</i>	Mailing Address <i>Street Address City, State, Zipcode</i>	Gender <i>(circle one)</i>	Ethnicity <i>(circle one)</i>	Race <i>Black/African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander White</i>	Do you have a child under the age of 18? <i>(circle one)</i>	Are you a veteran? <i>(circle one)</i>	Signature
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	
							Female Male	Hispanic Non-Hispanic		Yes No	Yes No	

Family Rights & Privacy Act of 1974

The following statement concerning student records maintained by Austin Community College is published in compliance with the Family Education Rights and Privacy Act of 1974. The release of information to the public without the consent of the student will be limited to that designated as directory information. Directory information includes name, address, telephone #, date and place of birth, major field of study, participation in activities, dates of attendance, degrees, certificates and awards, and name of most previous educational institution attended. Any student objecting to the release of all or any portion of such information must notify the Office of Admissions in writing and the restrictions will remain in effect until revoked by the student. I authorize St. David's HealthCare, in partnership with Austin Community College, to release certain employee information, including data on this form and my birth date and Social Security number, to the State of Texas Workforce Commission for purposes of verifying employment for the Skills Development Grant. This compiled employment information will be provided only to the Texas Workforce Commission and will not be released to any other organization or person without my written approval. I understand that the release of these records is required to meet state program reporting requirements to secure funding for qualified employees in continuing education programs and will be kept strictly confidential.

Instructor Signature _____