



Student Data Collection Form

Student Data Collection Form The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

Name *

First Name

Last Name

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Social Security Number *

xxx-xx-xxxx

Race *

White/Caucasian
Black/African American
Asian
Multiracial
American Indian or Alaska Native
Hawaiian Native or other Pacific Islander

Highest Education Completed *

Some high school
High School Graduate or GED
Some post high school, no degree
Associate's Degree
Bachelor's Degree
Master's Degree or higher

Today's Date *



Month Day Year

Signature

A handwritten signature in black ink, appearing to be 'Y.A.', written over a solid black horizontal line.