

NYS INDIVIDUAL STUDENT RECORD FORM (REV 6/2019)

First Name*: _____ **M.I.** _____ **Last Name*:** _____

Birth Date*:

Address: _____ City: _____ State:

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 Zip:

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Home Phone:				■				■			
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e-mail: _____

Emergency Contact:				■				■				
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Social Security #:

NOTE: Data matching for Employment-related outcomes will not be available if SS# is not recorded. Manual follow-up will be required after exit.

Gender* (Required):

Employment Status* (Required):

Race/Ethnic Identity* (Required):

Educational Background* (Required):

School-aged Children:

Barriers to Learning/Employment*: (Minimum of 1 Answer Required) Self-reported by student. Definitions available in the ISRF Instruction Guide.

Release of information: By participating in this state and/or federally funded adult education and/or family literacy program, I agree to the release of the information contained in my program records, including, but not limited to, social security number, assessment results and attendance, to the New York state Department of Education (NYSED). Required information for learner participation is indicated with an asterisk (*). This information may include follow-up with employment data and other educational records and will be used in aggregated or non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years. Information provided will remain secure. Unless otherwise noted, only NYSED, its authorized contractors or the local program will have exclusive access to this information.

Student Signature: _____

Date:

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