

PBA Privacy Notice And Student Consent Form

PRIVACY NOTICE AND INFORMATION FOR STUDENTS: The State Workforce Investment Board (SWIB) is gathering information about students to evaluate California's work force training system. The SWIB is asking for your social security number and other information, as listed below.

If you agree, the school will report the following information: your name; social security number; birth date; gender; ethnicity; date of enrollment and departure from this work force education or training program; the type and amount of training and services received; whether you are economically disadvantaged, disabled, a dislocated worker, a displaced homemaker, or a veteran; whether you are deficient in basic skills or limited in English proficiency; and your education achievement level.

The SWIB will keep this information on file in its Performance Based Accountability (PBA) System. During the three years after you complete or leave this training program, the SWIB will gather information related to your enrollment in other education programs, your status in the work force (type of employment, wages earned, unemployment or disability payments received); and enrollment in any welfare program.

All information about you and other students will be summed up by the SWIB to determine the success of the work force training programs you are enrolled in. **You will not be individually identified in any reports made to the public.** Other state and federal government agencies that are concerned with the administration of workforce development programs may have access to your individual data.

You may decide whether to provide your social security number and release the other information; it is voluntary. If you do not wish to release this information, you can still enroll in workforce education and training programs or in any other education program. Your grades will not be affected. Authority to ask for your social security number for this purpose is in the *California Unemployment Insurance Code*, Section 15037.1.

After you have read this form, please mark one of the choices below, then sign and date the form.

STUDENT CONSENT (*Only students who are 18 years of age or older, and who are not enrolled in high school, should complete and sign this form.)

Name of Student (type or print): _____

- YES.** I have been informed of the ways my social security number and other information will be used. I have voluntarily decided to provide this information.

My Social Security Number is: _____ - _____ - _____

- NO.** I do not want to give my social security number or other information. I have voluntarily decided NOT to provide this information.

Student Signature

Date