AMEDATE	
ADDRESS	
IOUSE NUMBER TELEPHONE #	
OATE OF BIRTH SOCIAL SECURITY #	
RE YOU ENROLLED IN A FEDERALLY RECOGNIZED INDIAN TRIBE?	
TESNOIF YES, WHICH ONE?	
AST SCHOOL YOU ATTENDED	
IIGHEST GRADE LEVEL COMPLETED	
AST DATE YOU ATTENDED SCHOOL	
IAVE YOU EVER TAKEN ANY OFFICIAL G.E.D TESTS BEFORE? YESNO	
F YES, WHERE? WHEN?	
RE YOU CURRENTLY EMPLOYED? YES NO HOW LONG?	
NAME/ADDRESS OF EMPLOYER	
RE YOU ENROLLED IN A PROGRAM OR SERVICE WHICH IS REQUIRING YOU TO GET	A
S.E.D DIPLOMA? YESNO(Job Service, TANF, TWEP, etc.)	
F YES, WHICH PROGRAM?	
LEASE CHECK THE AREA(S) IN WHICH YOU ARE INTERESTED:	
G.E.D TEST PREPARATION BASIC SKILLS IMPROVEMENT/LITERACY PROGRAM	
COMMUNITY INTEREST WORKSHOPS	
EMPLOYMENT-RELATED SKILLS	
TRADITIONAL ARTS AND CRAFTS	
LIFE-COPING SKILLS OTHER(please explain):	
O LIEDA DICASC CAPIAIN).	

PRIVACY ACT AND PAPERWORK REDUCTION ACT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

services. The information will be	ollected to determine the eligibility of individuals applying for used to (1) determine appropriate levels of services for you as an individuals participating in the program and (3) produce statistical es.
Education Program to (1) reques the program for diagnostic servi-	, hereby authorize the staff of the Adult my test scores or prior educational information which can be used by to determine the level of services needed and (2) request or classes funded by the Adult Education Program to determine ses.
Signature	Date