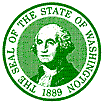
**SAMPLE STUDENT DATA COLLECTION FORM**



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 of School]**

**[Address]**

**[Telephone]**

**[Website]**

Last Name: First Name: MI:

Address: City: State: Zip:

Phone Number: Date of Birth: / /

Social Security Number: - -

Race (Check only one box):

White/Caucasian  Asian

Black/African American  Multiracial

American Indian or Alaska Native  Other

Hawaiian Native or other Pacific Islander

\*Are you Hispanic in origin?  Yes  No Sex:  Male  Female

\*Are you disabled?  Yes  No

\*Are you a military veteran?  Yes  No

Highest grade completed:

Less than high school graduation  Certificate (less than 2 years)

High school graduate  Associate degree

GED  Bachelor’s degree

Some post high school, no degree/certificate  Master’s degree or higher

Student Signature Date