



# Registration

## The Orientation

**Welcome!**

**We are glad that you are here.**

Thank you for your interest in continuing your education at Literacy Phoenix.

**Student's  
Full Legal Name**

Please, provide your full name as it is written on your photo ID

First Name

Middle Name(s)

Last Name(s)

**Choose a  
Program**

**ESOL**

English for Speakers of  
Other Languages

I want to learn and/or improve my English. My native language is not English. The instruction is provided in English.

**ABE/HSE**

Adult Basic Education

I want to obtain my High School Equivalency (HSE) Diploma by passing the GED® test and/or improve my basic and secondary skills. The instruction is provided in English.

**Orientation**

Before you start with the registration process, take a moment to watch our orientation video to know our programs better and see how we can meet your educational expectations.

**ABE/GED**

[ABE Orientation](#)

I watched the ABE Orientation Video

[AZ Pathways to HSE](#)

I watched the Pathways Video

**ESOL**

[ESOL Orientation](#)

I watched the ESOL Orientation Video

**Acknowledge**

Do you have more questions after watching the Orientation video?

**Yes**

**No**

[To schedule an in-person registration use this link](#)

Do you think the program is for you and want to continue with the registration?

**Yes**

**No**

To continue with the registration, check the box below and sign to acknowledge the statement.

**I have viewed the required videos and I want to continue with the registration process.**

\_\_\_\_\_

Student Name

Student Signature

Date



# Registration

## Student Information

<b>Supporting Documents.</b> <a href="#">Read more</a>	Attach your <b>Photo Id</b> with your legal name and Date of Birth: (A picture of yourself <b>is not</b> a valid Id)					
	Are you <b>under 18</b> years old ?		Yes ___	No ___	Attach your official <b>Withdrawal Form:</b>	
<b>Student's DOB and Original Nationality</b>	Date of Birth					
	Original Nationality(Country)					
<b>Contact Information</b>	Phone number		Primary Number	Best Time to Call		
				Morning	Evening	Anytime
	Home:					
	Alternative:					
	Cell:					
	Cell Carrier:					
	Primary email:					
Alternative email:		Email used to submit form				
<b>Emergency Information</b>	Contact Name:					
	Phone Number:					
	Relationship:					
<b>Choose a Location</b>	<b>Learning Center Hours</b> Monday to Thursday 8am to 8pm Friday 8am – 5pm Saturday 8am – 1pm <i>by appointment</i>		<b>Central Phoenix Learning Center</b> 1150 E Jefferson St. Phoenix, AZ 85032 Phone Number: (602) 274-3430			
	<b>Office hours</b> Monday to Friday 9am to 5pm		<b>Sunnyslope Learning Center</b> 729 E Hatcher Rd. Phoenix, AZ 85020 Phone Number: (602) 943-7332			
<b>How did you hear about us?</b> Please check the appropriate box and tell us about it.	Our website					
	Referred by organization (specify ex. Arizona@Work, Fresh Start)					
	Search engine (ex. Google, Yahoo!)					
	Family, Friend, Employer, Coworker, another person (provide name)					
	Social Media (specify ex. Facebook, LinkedIn, Instagram)					
	Supermarket Advertisement					
	Billboard (provide location)					
	Other (specify)					
<b>Preferred time</b> Allocate 8 hours per week.	Morning _____		Evening _____			



# Goals and Pathways

## College and Career Readiness (CCR) Services

### Goals

**Mark one of each group**

Personal Goals	Work Goals	Education Goal
Obtain my Citizenship	Enter employment	Enter Training
Support your children's education	Retain or improve employment	Enter Postsecondary Education
Vote for the first time	Leave Public Assistance	Other (specify)
Other (Specify)	Other (specify)	

### For ABE (GED®) students only

#### Main goal to enroll in the ABE program

Obtain my **High School Equivalency (HSE)** Diploma

I have my High School Diploma, but I want to **improve** Adult Basic and Secondary Education

#### Pathways to obtain your High School Equivalency (HSE) Diploma

- Click [here](#) to watch a video for more information.
- During your intake process, the College and Career Navigator (CCN) will give you more information about the different Pathways to obtain your HSE Diploma.
- The information provided in this section, will help the CCN to assist you better toward your goals.

**Choose one**

*Click on Read more for information*

1. Pass the **GED test** [Read more...](#)
2. I have some **College Credit** [Read more...](#)
3. HSE PLUS **Career Readiness** [Read more...](#)

Do you have a GED account:    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

Provide your GEDTS Candidate ID: \_\_\_\_\_



# Additional Services

## College and Career Readiness (CCR) Services

### Our Mission:

**Empowering adults to achieve literacy and improve their quality of life.**

Literacy Phoenix partners with many social service organizations throughout the valley to help our students connect their education objectives with workplace, career, and higher education goals.

Concurrently with the educational programs, Literacy Phoenix incorporates soft skills, digital literacy, and career and financial aid exploration.

### Job Training

Mark your preferred option

**Retail Industry Fundamentals**

Basic operations of retail services (customer service, sales, etc.)

Hybrid learning with online and in person instruction.

**Training not listed above. Please specify.**

**Not interested in any job training.**

### Life Skills Training

**Financial Education (EVERFI)**

Gain knowledge of basic banking, budgeting, and managing debt and credit. This training is online.

**Computer Skills (NorthStar)**

Learn skills to use technology in school, work, and life. This training is online.

### Arizona Jobs, Education and Career Support Services.

**Pipeline AZ**

**Pipeline AZ** is your resource for Arizona Jobs, Education and Career Support Services. Be part of the Pipeline AZ Literacy Volunteers group by Join Today and Join Today and typing **LVMC** as a Case Mgmt. Group ID during your registration.

[Read more about Pipeline AZ](#)

[Sign Up for Pipeline AZ](#)

### Additional Support Services

Literacy Phoenix offers additional support to students receiving food stamps thanks to a partnership with the DES **SNAP CAN** program. [Read more about SNAP CAN.](#)

**If you are a current recipient of food stamps, you qualify to receive support towards your college and career goals.**

**Not interested in the SNAP CAN program**

**Currently receiving food stamps and want to participate in SNAP CAN**

If yes, you can fill out the SNAP CAN agreement to check for eligibility [here](#) or you can do it later after you finish your registration through our website under Students/Submit a form/Submit a SNAP CAN Agreement.

**Low income not receiving food stamps and want to apply**

For Nutrition Assistance (food stamps) apply directly with the DES [here](#)



# Arizona Adult Education Participant Registration

## Eligibility for Services

A.R.S. §15-232(B) states that “*The Department of Education shall provide classes under this section only to adults who are citizens or legal residents of the United States or are otherwise lawfully present in the United States. This subsection shall be enforced without regard to race, religion, gender, ethnicity or national origin.*”

Please mark only one eligibility option. If you are not sure about your eligibility, please consult program staff.

I am a **citizen** of the United States of America.

I am a **legal resident** of the United States of America.

I am **lawfully present** in the United States of America for another reason.

None of the above

I affirm under penalty of perjury that I am a citizen of the United States, a legal resident of the United States, or otherwise lawfully present in the United States. Should my status change, I understand that it is my responsibility to withdraw from classes until such a time that I am again lawfully present in the United States.

Printed Name as it appears on Identification presented\* \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
MM DD YYYY

Printed Name of Staff member witnessing Signature\* \_\_\_\_\_

Witness Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
MM DD YYYY

# Arizona Adult Education Participant Registration

Today's Date (Enrollment Date)\* \_\_\_\_\_  
MM DD YYYY

Program Type\*: **Adult Basic Education**  **English Language Instruction**

ARIZONA@WORK Test Date \_\_\_\_\_  
MM DD YYYY

(Only applicable if workforce test date is prior to today's date and will replace enrollment date from above)

NOTE: ARIZONA@WORK staff **must** have current TABE certification awarded by ADE/AES for tests to be considered valid for adult education purposes.)

Have you, or are you currently, enrolled in another adult education program?

Yes  No

Name of program: \_\_\_\_\_

## PARTICIPANT NAME\*

Enter the participant's **LEGAL NAME** as it appears on the presented identification.

FIRST NAME\* \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME\* \_\_\_\_\_ PREFERRED NAME/NICKNAME \_\_\_\_\_

DATE OF BIRTH\* \_\_\_\_\_  
MM DD YYYY

GENDER/SEX\* (Required for Federal Reporting)

Female  Male  Non-binary gender/non-conforming  Prefer not to answer

PREFERRED PRONOUNS:

With which of the following gender pronouns do you most identify?

she, her, hers he, him, his they, them, theirs other \_\_\_\_\_

## MAILING ADDRESS\*

Participant's full street address, including apartment number or "care of" (c/o) information. Please use abbreviations to make sure the information fits.

STREET ADDRESS, PO BOX, FPO, APO\* \_\_\_\_\_

CITY\* \_\_\_\_\_ STATE\* \_\_\_\_\_ COUNTY\* \_\_\_\_\_ ZIP CODE\* \_\_\_\_\_

PHONE NUMBERS\* **Primary Contact**\* \_\_\_\_\_ Emergency Contact \_\_\_\_\_

EMAIL\* \_\_\_\_\_

Do you have internet access? Yes No Which devices do you own?  smartphone  tablet  laptop  other

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## REGISTRATION - PAGE 2

**PARTICIPANT SOCIAL SECURITY NUMBER**

The US Department of Education requires that we report on the following demographic information:

**ETHNICITY\*** Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only **ONE**:            **YES**, Hispanic/Latino            **NO**, not Hispanic/Latino

**RACE\*** Please choose the best answer(s) from the choices below. If left unmarked, the program will choose for participant.

- American Indian or Alaska Native             Asian             Black or African American  
 Native Hawaiian or Other Pacific Islander             White

**NATIVE LANGUAGE\***

English	Spanish	French
Cambodian	German	Somali
Chinese	Korean	Other

**Do any of the following situations apply?\*** (Mark "Yes" or "No" for each question.)

<p><b>Displaced Homemaker</b> (The participant has been providing unpaid services to family members in the home and (a) has been dependent on the income of another family member but is no longer supported by that income; (b) is the dependent spouse of a member of the armed forces on active duty whose family income is significantly reduced because of (i) a deployment or a call or order to active duty pursuant to a provision of law, (ii) a permanent change of station, or (iii) the service-connected death or disability of the member; and (c) is unemployed or under-employed and is experiencing difficulty in obtaining or upgrading employment.)</p>	<b>Yes</b>	<b>No</b>
<p><b>Long-term Unemployed</b> (The participant has been unemployed for 27 or more consecutive weeks)</p>	<b>Yes</b>	<b>No</b>
<p><b>Cultural Barrier</b> (A perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment)</p>	<b>Yes</b>	<b>No</b>
<p><b>Low Income</b> (The participant (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving in the past 6 months assistance through the Supplemental Nutrition Assistance Program (SNAP), the TANF program, the Supplemental Security Income (SSI) program, or State or local income-based public assistance; (b) is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) is a youth who receives, or is eligible to receive, a free or reduced-price lunch; (d) is a foster child on behalf of whom State or local government payments are made; (e) is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) is a homeless participant or homeless child or youth or runaway youth; or (g) is a youth living in a high-poverty area.)</p>	<b>Yes</b>	<b>No</b>

\*denotes required field (PY 24-25 Rev 5/23/2024)

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REGISTRATION - PAGE 3

<b>Ex-Offender</b> (The participant is a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction)	Yes	No
<b>Migrant and Seasonal Farmworker</b> (The participant is a low-income individual who for 12 consecutive months out of the 24 months prior to application for the program involved has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment and faces multiple barriers to economic self-sufficiency.)	Seasonal	Migrant & Seasonal No
<b>Homeless/Runaway Youth</b> (The participant lacks a fixed, regular, and adequate nighttime residence; has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family)	Yes	No
<b>Individual with a Disability, including a learning disability</b> (The participant indicates that he or she has any disability, defined as a physical or mental impairment that substantially limits one or more of the person's life activities, as defined under the Americans with Disabilities Act of 1990)	Yes	No

**Do any of the following situations apply?\*** (Mark "Yes" or "No" for each question.)

<b>Youth in Foster Care/Aged Out of System</b> (The participant is a person who is currently in foster care or has aged out of the foster care system)	Yes	No
<b>Exhausting TANF within 2 years</b> (The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.)	Yes	No
<b>Single Parent</b> (The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18, including single pregnant women.)	Yes	No
<b>Refugee</b> (A participant who has been forced to leave their country in order to escape war, persecution, or natural disaster.)	Yes	No
<b>Living in Rural Area</b> (any population, housing, or territory NOT in an urban area with less than 2,500 residents)	Yes	No
<b>In Correctional Facility</b> A participant that is located in a jail, prison, or other place of incarceration by government officials.) Applicable to programs receiving Sect. 225 funds only.	Yes	No
<b>In Community Correctional Program</b> (A participant that is either on probation or parole)	Yes	No

\*denotes required field (PY 24-25 Rev 5/23/2024)



<b>On Public Assistance</b>	<b>Not on Public Assistance</b>	<b>If On Public Assistance:</b> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Other <input type="checkbox"/>
<b>In Other Institutional Setting</b> (A participant that is required by court order to reside in an institutional setting other than a jail or prison.) Applicable to programs receiving Sect. 225 funds only.		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>On Probation</b> (Granted by the court as part of the convicted offender's initial sentence. Probation may be granted in lieu of any jail time or after a short period of time in jail.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Veteran of the Armed Forces</b> (any person who served honorably on active duty in the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) of the United States.)		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Identify Your Primary Reason for Seeking Adult Education Services\*** (Mark Yes/No for each question. ONE or BOTH must be marked as "Yes" in order for individual to be eligible for services.)

I want to learn English. (English Language Learner - The participant has a limited ability in speaking, reading, writing, or understanding the English language)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I want to improve in Math, English Language Arts, Science and/or Social Studies. (Basic Skills Deficient/Low Levels of Literacy - The participant has in inability to compute and solve problems, or read, write, or speak English at a level necessary to function on the job in the participant's family or in society)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**EDUCATION AND EMPLOYMENT\***

Location of highest grade completed (Mark only ONE.)\* U.S. Non – U.S. School

**School**

**Mark the highest grade range completed\*:**

No School Completed	Grade 1	Grade 2	Grade 3
Grade 4	Grade 5	Grade 6	Grade 7
Grade 8	Grade 9	Grade 10	Grade 11
Grade 12	Achieved HS Diploma	Achieved HS Equivalency	Completed Some College
Associate's Degree	Bachelor's Degree	Beyond Bachelor's Degree	

**Mark current employment status\*:**

Employed	Employed but Received Notice of Termination of Employment or Military Separation is Pending
Not in the Labor Force	Unemployed

\*denotes required field (PY 24-25 Rev 5/23/2024)

**HOW DID YOU LEARN ABOUT THE ADULT EDUCATION PROGRAM? (Mark all that apply)**

ARIZONA@WORK	Military Recruiter	Social Media	Facebook	Instagram
Court or Court Order	Online Advertisement		Snapchat	TikTok
Education Agency	Pamphlet or Brochure	Social Worker		
Employer	Program website	Website		
Friend or Family Member	Radio or TV	None		
Jail/Probation/Parole Office	Returning Student	Other:		

**Annual Earnings\* (Mark only ONE)**

Less than \$2,500	<input type="checkbox"/>	\$2,500 to \$4,999	<input type="checkbox"/>	\$5,000 to \$7,499	<input type="checkbox"/>	\$7,500 to \$9,999	<input type="checkbox"/>
\$10,000 to \$12,499	<input type="checkbox"/>	\$12,500 to \$12,999	<input type="checkbox"/>	\$13,000 to \$14,999	<input type="checkbox"/>	\$15,000 to \$17,499	<input type="checkbox"/>
\$17,500 to \$19,999	<input type="checkbox"/>	\$20,000 to \$22,499	<input type="checkbox"/>	\$22,500 to \$24,999	<input type="checkbox"/>	\$25,000 to \$27,499	<input type="checkbox"/>
\$27,500 to \$29,999	<input type="checkbox"/>	\$30,000 to \$32,499	<input type="checkbox"/>	\$32,500 to \$34,999	<input type="checkbox"/>	\$35,000 to \$37,499	<input type="checkbox"/>
\$37,500 to \$39,999	<input type="checkbox"/>	\$40,000 to \$42,499	<input type="checkbox"/>	\$42,500 to \$44,499	<input type="checkbox"/>	More than \$45,000	<input type="checkbox"/>

\*denotes required field (PY 24-25 Rev 5/23/2024)

### Validity of Information

By signing below, I represent that the information I have provided in this declaration and document is true and correct and that any document(s) I present are genuine. I understand that false or misleading information or documents related to this declaration may subject me to expulsion from the program as well as other legal actions.

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

### Family Educational Rights and Privacy Act Release

To attend adult education programs funded through the Arizona Department of Education (ADE), the participant must allow his or her information to be entered into and shared with designated adult education data systems, including the state-mandated testing platform, and all Workforce Innovation and Opportunity Act (WIOA) Core Partners' data systems. This information will be shared with any ADE-funded adult education programs in which the participant enrolls, the participant's instructors, and the Arizona Department of Education. This information is used for program operations, student instruction, employment opportunities, and to compile federal and state reports of non-identifying aggregate student data.

Participant Printed Name \* \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

The adult education program is required to collect post-exit outcome data in the areas of employment, entry into postsecondary education or training, and attainment of secondary diplomas. This is typically done through data matching with State agencies and educational institutions. The alternative to gathering this information through data match is contacting former students directly, such as by phone or email. If you wish to opt out of data match and instead be contacted after exiting the adult education program, check this box:

**FOR PROGRAM USE ONLY to be completed AFTER INITIAL INTAKE**

*Completion of this section is REQUIRED.*

Form verified - Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into AAEDMS - Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Returned for Revision - Returned to: \_\_\_\_\_ Date: \_\_\_\_\_

Approved in AAEDMS - Approved by: E. De Arcos / M. De La Cruz / A. Hernandez \_\_\_\_\_ Date: \_\_\_\_\_

**HSE PATHWAY INFORMATION**

Date program staff discussed pathways with student: Which HSE pathway has this student chosen?

Testing (GED\*)

HSE Plus Career Readiness Pathway

College Credit Pathway

GEDTS Candidate ID: \_\_\_\_\_

**IET INFORMATION**

Is this student in IET classes? Yes No

If the student is in IET classes, add an IET registration into AAEDMS.

Date IET registration added: \_\_\_\_\_

Staff member that added IET registration in AAEDMS: \_\_\_\_\_

**WIOA CORE PARTNER INFORMATION**

Is student receiving services from any WIOA Core Partners? Yes No

If yes, mark the appropriate partners.

Title IB (Workforce Development)

Title III Unemployment Services

Title IV Voc Rehab

AAEDMS Student ID (SID)

Comments/Notes:

Add an attached document now: Yes No





# Student Agreement

## Attendance

- Students are expected to commit to a minimum of 9 hours per week, comprised of 6 hours of teacher-led instruction and 3 hours of computer-based learning using software that will be assigned to the student and/or other instructional activities.
- If the student is absent for two consecutive classes, Literacy Phoenix will make a courtesy call, e-mail, or text message. After a third unjustified absence, you will be separated from the program.
- If the student falls below 75% attendance in one month or miss three consecutive days without contacting the instructor, student will be separated from the program.

***I agree to abide by these attendance expectations and understand the consequences of non-attendance.***

\_\_\_\_\_  
Initials

## Communication

I understand this program is voluntary and that text messaging rates and fees may apply as determined by my cellular provider. Literacy Phoenix is not responsible for any fees charged to me by my cellular provider.

***I agree to receive information and notifications from Literacy Phoenix via text messages.***

\_\_\_\_\_  
Initials

## Testing

Testing is required to measure your progress and to adjust your personal learning plan accordingly to your own needs.

***I agree to be tested every 4 to 6 weeks and participate in the preparation provided by Literacy Phoenix to be tested.***

\_\_\_\_\_  
Initials

## Weapons

No weapons are allowed in the Literacy Phoenix Learning Center.

***I agree not to bring any weapons to the Learning Centers.***

\_\_\_\_\_  
Initials

## Program Expectations

Literacy Phoenix is pleased to serve students from many different cultures and backgrounds. Please respect the different traditions, languages, and learning styles represented in our program.

***I agree to be respectful of others in person and when attending class at a distance.***

\_\_\_\_\_  
Initials

- Please wear clothing that is appropriate for the classroom. This includes both in-person classes in the Learning Center and virtual classes via web conferencing software like Zoom.
- Clothing with inappropriate messages or that is inappropriately revealing such as low-cut blouses, extremely short shorts, or low riding jeans are not allowed. Sunglasses should not be worn in the Learning Center unless required for a documented eye condition. Footwear must be closed-toe shoes.

***I agree to dress appropriately.***

\_\_\_\_\_  
Initials

Any food and drink must be consumed outside of the Learning Center. Gum is not permitted in the Learning Center.

***I agree to keep all food and drink inside a backpack while in the Learning Center.***

\_\_\_\_\_  
Initials

***I agree to maintain a neat appearance observe proper personal hygiene.***

\_\_\_\_\_  
Initials

***I understand that I will not meet with Instructors or volunteers outside of the Learning Center and I agree to abide by the policies posted in the Learning Center.***

\_\_\_\_\_  
Initials

## Privacy and Statement of Understanding

I understand that all records are confidential. I understand that Literacy Phoenix must obtain my written permission prior to releasing any of my education records.

\_\_\_\_\_  
Initials

Print Student Name

Student Signature

Date



# Release of Information

## Referral System Release

This form authorizes Literacy Phoenix, a DBA of Literacy Volunteers of Maricopa County, to release my personal identifiable information (PII) by entering it into Contexture’s Unite Us Platform, a Network of health and social service partners.

This release covers all information shared by me or by anyone who has the right to share information on my behalf that is relevant to my participation in the program and the pursuit of wrap-around services to support my participation, as well as additional services, including college, career, and employment opportunities within the Network.

I understand that this information may include, but is not limited to, my name, contact information, and other relevant data necessary for the referral process.

I understand and acknowledge the following:

1. This authorization is voluntary and is used only when I request referral services.
2. The information released may no longer be protected under FERPA or other applicable privacy laws once disclosed to the third party.
3. I have the right to revoke this authorization at any time by submitting a written request to Literacy Phoenix, [support@literacyphoenix.org](mailto:support@literacyphoenix.org), or [consent@unitesus.com](mailto:consent@unitesus.com), except to the extent that action has already been taken in reliance on this authorization.
4. This authorization will remain in effect until I submit a written revocation.

By signing below, I confirm that I have read and understand this authorization and consent to the release of my personally identifiable information.

Student Name	Student Signature	Guardian Name	Guardian Signature	Date
--------------	-------------------	---------------	--------------------	------

## Photo & Video Release

I understand that my involvement in this project is voluntary, and I do not expect monetary compensation of any sort for my participation.

I also give Literacy Phoenix the right to use my name, image and/or likeness on internal and/or external public relations or marketing material, that may include but is not limited to print and/or video advertising, pamphlets, the internet, Literacy Phoenix website or any other uses Literacy Phoenix deems appropriate.

I also understand that participating in this project does not guarantee that my name, image, or likeness will be used.

I have the right to revoke this authorization at any time by submitting a written request to Literacy Phoenix by email at [clientservices@literacyphoenix.org](mailto:clientservices@literacyphoenix.org), except to the extent that action has already been taken in reliance on this authorization.

This authorization will remain in effect until I submit a written revocation.

Student Name	Student Signature	Guardian Name	Guardian Signature	Date
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## Request for Release of Information to a 3rd party verifier (Optional)

I permit to release information related to my education progress and records to third-party verifiers for work, school, or other official purposes to:

Yes          No

Agency Name	Contact Name	Phone Number
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Student Name	Student Signature	Guardian Name	Guardian Signature	Date
--------------	-------------------	---------------	--------------------	------