WIOA School Attendance Verification

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have applied for services with the Valley Workforce Center under the Workforce Innovation and Opportunity Act (WIOA). The information below is needed in order to complete the application. Once you have completed the information, would you please send this form to:

Thank you for your prompt attention to this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

***Last Date Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_***

***Highest Grade Completed: \_\_\_\_\_\_\_\_***

***Does your school records show the above named as a dropout?***

***Yes \_\_\_\_\_ No \_\_\_\_\_***

School Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_