

Intake Form

Intake Date

____/____/____

Social Security #: _____ - _____ - _____

Birth Date: ____/____/____
(month/day/year)

Name: _____
Last First MI

Home Address: _____
(Mailing Address / PO Box) City State Zip County

Home Phone

Email

Program Type: ABE ASE ELA/ESL Family Literacy IELCE Correctional Facility Workplace Other Institution

Follow-Up Survey Information (select preferred method of contact)		<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Personal Contact
SEX	ETHNICITY AND RACE	WORK STATUS	LIFE EXPERIENCES	EDUCATION	HOUSEHOLD
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	1) Choose only one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Employed (check one) <i>Full-time job</i> <i>Part-time job</i> <input type="checkbox"/> Unemployed	3) Check all that apply: <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economic Disadvantage <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Exiting TANF w/in 2 years <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployment <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Single Parent or Guardian	Highest education level completed upon entry: Was education completed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many people live in your household? What is your approximate total household income?
Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Not in Labor Force			

Release of Information

All above information is self-reported and accurate. I understand the New Mexico Higher Education Department and the local Adult Education program may release my information for purposes of education or employment research/reporting.

Student Signature

Date

Staff Only

Updated: July 2022

Covid Vaccination Checked by: _____



The University of New Mexico

Consent to Photograph/Video Record

I, the signed below, do hereby give The University of New Mexico and its designates the irrevocable right to use photographs of me, and or my property, my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or modified representations, for advertising, trade or any other lawful purposes, without further compensation to me, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. All negatives, positives, and digital files, together with the prints shall constitute The University of New Mexico's property, solely and completely. I am of full age. I have read this release and am fully familiar with its contents.

Participant's Name (printed)

Participant's Signature

Email Address

Phone Number

Date

(For minors, age 17 and under, parent or guardian signature is required)

Parent/Guardian Name (printed)

Parent/Guardian Signature

Relationship to Minor



UNM-Los Alamos
Adult Learning Center
4000 University Drive
Los Alamos, NM 87544

FERPA

Permission to Release Student Information

I, _____, hereby give my permission for the UNM-Los Alamos Adult Learning Center to release any information contained in my student records (i.e. class attendance, progress, etc.), according to the terms of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), to the following person(s) and/or organizations listed below. If I leave it blank it must be assumed that I do not want my information released to anyone.

I understand that this authorization takes effect the day that I sign and never expires until I notify the Adult Learning Center of any changes. I have the right to make changes at any time.

Signature _____

Date _____