			<u>intake Form</u>			Intake Date//
Socia	al Security #:		Birth Da	$\frac{1}{\text{(month/day)}}$	/ y/year)	
Name: _	Last		First	MI		
Home Add	ress: (Mailing Address / PO B	ox) City	State	Zip		County
Program Ty	Home <b>Phone</b> pe: □ ABE □ ASE □ ELA	/ESL □ Family Literacy	□ IELCE □ Correctional	<i>Email</i> I Facility □ Work		itution
Follow-Up Survey Information (select preferred method of contact)		□ Mail	□ Email	☐ Personal Contac	t	
SEX	ETHNICITY AND RACE	WORK STATUS	LIFE EXPERIENCES	EDU	JCATION	HOUSEHOLD
☐ Male ☐ Female ☐ Other	1) Choose only one:  ☐ Hispanic/Latino ☐ Not Hispanic/Latino	Employed (check one)  Full- time job  Part- time job  Unemployed	3) Check all that apply:  Cultural Barriers  Disabled Displaced Homemaker Economic Disadvantage	Highest educ completed up		How many people live in your household?
Are you a single parent?  ☐ Yes ☐ No	2) Check all that apply:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White	□ Not in Labor Force	□ English Language Learne □ Ex-Offender □ Exiting TANF w/in 2 yea □ Foster Care Youth □ Homeless □ Long Term Unemployme □ Low Literacy Levels □ Migrant Farmworker □ Seasonal Farmworker □ Single Parent or Guardia	Was education U.S.?	on completed in the	What is your approximate total household income?
All above i	Information  Information is self-reporte ay release my information				on Department an	nd the local Adult Education

Student Signature	Date
Staff Only	Updated: July 2022

☐ Covid Vaccination Checked by:\_\_\_\_\_

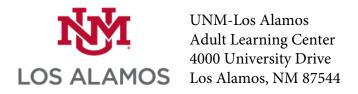


## The University of New Mexico

### 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 guardia	an signature is required)		
Parent/Guardian Name (printed)	_		
Parent/Guardian Signature	_		
Relationship to Minor	_		



# **FERPA**

## Permission to Release Student Information

, hereby give my permission for the UNM-Lo	)S
amos Adult Learning Center to release any information contained in my student records (i.	e.
ass attendance, progress, etc.), according to the terms of the Family Educational Rights and	t
rivacy Act of 1974 (Buckley Amendment), to the following person(s) and/or organizations	
sted below. If I leave it blank it must be assumed that I do not want my information release	d to
nyone.	
understand that this authorization takes effect the day that I sign and never expires until I	
otify the Adult Learning Center of any changes. I have the right to make changes at any tim	e.
gnature	
ate	