



PIEDMONT REGION

## Workforce Innovation and Opportunity Act Education Enrollment Verification



**Participant Name:** \_\_\_\_\_

The above named participant has given permission to staff of the Workforce Innovation and Opportunity Act (WIOA) to contact you to verify their education status. Please provide the following information regarding their education. A Disclosure and Release Form has been attached to this document.

### Education Verification

**Education Provider:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Training Start Date:** \_\_\_\_\_

**Currently In Training?**  Yes  No

**End Date (or Projected):** \_\_\_\_\_

**Hours Per Week:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Verified By:** \_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Date*

Thank you for your cooperation!

### Please return this form to:

**Name:** Sara Drebes

**Title:** Director of Workforce Services

**Phone:** 540.604.6241

**Email:** Sara.Drebes@FredGoodwill.org

**Fax:** 540.317.5267