



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: WIOA Youth Case Manager

Phone: 540.604.6241

Email: Sara.Drebes@FredGoodwill.org

Fax: 540.317.5267