

**Workforce Innovation and Opportunity Act (WIOA)  
Graduation/Dropout Verification**

**WIOA Applicant Name:** \_\_\_\_\_

I authorize the public school system to release the information noted below for the purpose of determining eligibility for the Workforce Innovation and Opportunity Act program.

\_\_\_\_\_  
*WIOA Applicant Signature* *Date:*

\_\_\_\_\_  
*Parent/Guardian Signature (if needed)* *Date:*



**TO BE FILLED OUT BY SCHOOL REPRESENTATIVE ONLY**

**School Name:** \_\_\_\_\_

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

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

**Contact Person:** \_\_\_\_\_

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

Do your school records show the above named as a dropout?  Yes  No

Student has not attended school for at least the most recent complete  
school year calendar quarter.  Yes  No

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

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

**Anticipated Graduation Date:** \_\_\_\_\_

\_\_\_\_\_  
*School Representative Signature* *Printed Name*

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

**PLEASE RETURN THIS FORM TO:**

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

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

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

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