



Eureka College

Release of Information

**For IT Workforce Accelerator Project Use Only*

Name: _____

EC Student ID (if known): _____ Date of Birth: _____

Purpose of Release: **Free IT training through the IT Workforce Accelerator, funded through the US Economic Development Administration's Good Jobs Challenge grant, requires reporting of training participant's outcomes.**

I understand the information below will be kept confidential and will not be shared with any other agency without my consent. An authorized Illinois Central College staff member has my permission to release the following information:

All of the following items listed

- Academic Standing
- Class Schedule
- Enrollment Status
- Financial Aid

- Grades
- Instructors / Advisor Comments
- Number of Hours Enrolled
- Refund Information
- Tuition Payment Information

The information above will be released to your employer as well as the other entities/organizations listed on this form.

If you are employed, please provide your employer's information below:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Information indicated above may be released to the following entities/organizations:

Name: IT Workforce Accelerator

Address: 5407 N. University St.

City: Peoria State: IL Zip Code: 61635

E-Mail Address: ITWorkforceAccelerator@icc.edu; sloconsole@eureka.edu

Name: U.S. Economic Development Administration

Address: 1401 Constitution Ave., NW, Suite 71014

City: Washington State: DC Zip Code: 20230

E-Mail Address: _____

Name: U.S. Census Bureau

Address: 4600 Silver Hill Rd.

City: Washington State: DC Zip Code: 20233

E-Mail Address: _____

I understand that this document is valid until I request removal. Additionally, by enrolling in this training program, I also understand and am agreeing to provide my employment status and wages as requested by the training provider following the completion of the training program. I understand this request may come via text, phone call, or email and this information is critical to helping the program meet its goals and to ensure continued funding for the training provider.

Student Signature: _____ Date: _____

Office Use ONLY

Received By: _____ Date: _____

Processed By: _____ Date: _____