



2026-27 Adult Student Profile Document (ASPD)

The personal information requested below will be used to create your account. Please complete the form as honestly and accurately as possible. All items with an asterisk (*) are required.

***Intake Date (mm/dd/yyyy)**

***Social Security Number (XXX-XX-XXXX)**

***Last Name**

By Selecting,

☐ I choose not to provide a Social Security Number.

***First Name**

***Birth Date (mm/dd/yyyy)**

Middle Name/Initial

If you are under 18 years old, have you been released from compulsory attendance?

☐ Yes ☐ No

***Sex:**

☐ Female ☐ Male

***Are you Hispanic/Latino?**

☐ Yes ☐ No

***Which best represents your racial origin? (Select all that apply)**

- ☐ American Indian or Alaska Native
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Asian
- ☐ White

***WIOA Core Program Co-Enrollment**

- ☐ Title I - Adult and Dislocated Worker (Virginia Works)
- ☐ Title IV - Vocational Rehabilitation (DARS, DBVI)
- ☐ Title III - Wagner-Peyser (Virginia Works)
- ☐ None

***Highest Education Level Completed on Entry**

- ☐ No schooling
- ☐ Grades 1-5
- ☐ Grades 6-8
- ☐ Grades 9-12 (no diploma)
- ☐ Secondary school diploma or alternate credential
- ☐ Secondary school equivalency
- ☐ Some postsecondary education (no degree)
- ☐ Postsecondary or professional degree
- ☐ Unknown

***If Grades 1-12 is selected, please list the last completed grade**

***Highest Education Completed on Entry Location**

- ☐ U.S.-based schooling ☐ Non U.S.-based schooling

***Employment Status - What is your employment status as of the date of this registration?**

- ☐ Employed
- ☐ Employed (But notified that employment is ending or separation from military is pending)
- ☐ Unemployed
- ☐ Not in the labor force (not looking for a job)

***Employment Barriers - Do you have any of the following barriers to employment?**

- ☐ Yes ☐ No

Select all that apply:

- | | |
|--|--|
| ☐ I have a disability | ☐ I have no fixed address/I am homeless |
| ☐ I am a displaced homemaker | ☐ I am long-term unemployed (I have been |
| ☐ I have a low income | ☐ unemployed for 27 or more weeks in the past |
| ☐ I am a current or former offender | ☐ 12 months) |
| ☐ I have less than two years of TANF lifetime eligibility | ☐ I am a migrant farmworker |
| ☐ I am or used to be in foster care system | ☐ I am a seasonal farmworker |
| | ☐ I am a single parent |

***Home Address (Line 1)**

***Home Address (Line 2)**

***City**

Work Phone

***State**

**Email
Address**

***Zip Code**

**Emergency
Contact
Name**

County

**Emergency
Contact
Telephone**

Home Phone

**Emergency
Contact
Relationship**

**Mobile
Phone**

***Release of Student Information Consent**

I authorized the state, district, or territory to whom this release is submitted (collectively, the "State") and my local adult education program to use, report, and release the Personally Identifiable Information (PII) contained in my adult education program records, instructional plan, assessment outcomes, credential progress and attainment, and accommodation documentation (if provided) to report my follow-up employment data (unemployment and wage records), credential attainment information, and other follow-up educational activity for purposes of education and/or employment research planning, and reporting consistent with state and federal regulations. I agree to allow the Virginia Department of Education to use my data to conduct data matches with the Virginia Community College System, Virginia Works, the Virginia Department for Aging and Rehabilitative Services, the Virginia Department for the Blind and Vision Impaired, the Virginia Department of Social Services, the Virginia Employment Commission, and the State Wage Interchange System and to include the results in my adult education record in compliance with Virginia security standards for the purposes of federal and state reporting and career coaching. I acknowledge that the State fully supports the mandates of the federal Family Educational Rights and Privacy Act (FERPA) and 20 CFR, Chapter V, 603.5(d)(2)(i). I understand these statements fully and authorize the use of my PII and employment data for official purposes only, as approved by my signature below.

***Signature**

***Date Signed**

Consent to Release Student Information for Determining Additional Workforce Assistance Eligibility

By signing below, I authorize my adult education provider to release my directory information to workforce agencies at my local Virginia Career Works Center to determine if I qualify for additional workforce assistance, including occupational training or supportive services. The signed consent is valid while I am enrolled in this program.

Signature

Date Signed