



Classroom Training Drop Out Verification Form

Note to college/training provider: For data validation and federal performance measures, we are required to document the last date of attendance when a participant drops out of a WIOA sponsored training activity. We need your assistance in completing the information below. *Attached to this request is a signed Information Release Form.*

If you have any questions regarding this request, you can reach me below:

Career Advisor Name: _____

Career Advisor Email: _____

Career Advisor Phone Number: _____

Participant Name: _____ State ID: _____

College/Training Provider Name: _____

Class/Program Name: _____

Last Date of Attendance: _____

Signature of College/Training Provider Representative

Date

Auxiliary aids and services are available upon request to individuals with disabilities.
Committed Equal Opportunity Employer/Programs