

**Student Name** \_\_\_\_\_

## **Participant Follow Up Notice**

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### **We need your help!**

**After you leave our program, someone from our office will be contacting you to see if you liked our program and if you have any suggestions for improving it. They will also ask if you achieved your educational goal. This contact after you leave our program is called a "Follow Up Survey." You are being asked to participate voluntarily. During your instruction, you will be asked to update your contact information. This will help us contact you after you leave our program.**

**As part of your registration process, you will be asked to provide contact information for some family members or friends, which is called "Alternative Contact Information." We will use this information to assist us in contacting you after you leave our program. When you are contacted, the survey will only take a few minutes of your time and your answers are confidential.**

**Signing below indicates that you have received a copy of this notice, that the information has been explained to you, and that you grant permission for a program representative to contact you for the Follow Up Survey. If your goal was to obtain your GED, you also grant us permission to confirm your successful completion of the GED with your GED Testing Center or the State of Michigan, Office of Adult Education. Thank you for your help!**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Registrar/Program Staff**

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

**Student Name** \_\_\_\_\_

## Alternative Contact Information Form

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*This form is part of the Follow Up Survey process we notified you about at registration. The information you provide will help us contact you after you leave our program. Please provide us with your current address and phone number if it has changed since you first enrolled. Also, please provide (or update) Alternative Contact Information for two people we may contact for your Follow Up Survey. The Alternative Contact Information will help us locate you after you leave our program. This information is confidential and will not be shared with any other agency.*

**Your E-mail address:** \_\_\_\_\_

### **Alternative Contact #1:**

*At least one phone number for this person should be different than your own phone number.*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

### **Alternative Contact #2:**

*BOTH phone numbers for this person should be different than your own phone number AND the numbers listed for Contact #1.*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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Registrar/Program Staff

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Date