

Arkansas National Career Readiness Certificate (AR NCRC) Referral Form and Authorization to Release AR NCRC Scores

Jobseeker/Student is being referred by:

| | |
|---|--|
| Agency/School: | |
| Agency/School Address: | |
| Referring Staff Names: | Date of Referral: |
| Staff Email: | Phone: Fax: |
| Program Jobseeker Referred From: | |
| Jobseeker/Student Name: (Insert In Space Below) | AJL Part ID Number: (Insert In space below) |
| Address: | |
| Phone: | Alt. Phone: |

* Jobseeker - A government issued picture identification card will be required to be admitted to the training site.

Jobseeker/Student is being referred to:

| | |
|---|-----------|
| <input type="checkbox"/> Adult Education Center | Location: |
| Contact Person: | Phone: |
| <input type="checkbox"/> WorkKeys Assessment | Location: |
| Date: | Time: |
| Contact Person: | Phone: |

* This form is the jobseeker's "ticket" into the testing center and should be given to the proctor the day of testing along with a picture ID. Results of training and/or assessments must be submitted to the referring staff listed above.

*Jobseeker/Student Release and Acknowledgement required

The purpose of this referral has been discussed with me and I authorize the Staff/Contact listed above to provide the ADWS and CRC Partnership (state agencies) with my name, contact information, WorkKeys Curriculum and/or WorkKeys assessments scores. I understand the information will be used for the purpose of issuing the Career Readiness Certificate and for determining eligibility in programs and/or job referrals and may also be shared with potential employers and educational institutions, and I hereby consent to its use for the purpose listed above.

Jobseeker Name

Date



Revised June 30, 2020