

## Arkansas National Career Readiness Certificate (CRC) Referral and Authorization to Release CRC Scores Form

### Jobseeker is being referred by:

Agency:	
Agency Address:	
Referring Staff Names:	Date of Referral:
Staff Email:	Phone: <span style="float: right;">Fax:</span>
Program Jobseeker Referred From:	
Jobseeker Name: (Insert in Space Below)	Last 4 of SSN (Insert In space below)
Address:	
Phone:	Alt. Phone:

*\* Jobseeker – This form and a government issued picture identification card will be required to be admitted to the training site.*

### Jobseeker is being referred to:

<input type="checkbox"/> Adult Education Center	<input type="checkbox"/> Curriculum Site
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 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, etc. 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 August 2, 2022

