



WorkKeys Testing Participant
Authorized Consent Form

TEST PARTICIPANT NAME (please print): _____

Thank you for your interest in participating in the South Carolina Work Ready Communities Initiative (SCWRC).

SCWRC will cover the costs for you to take the three (3) foundational WorkKeys assessments: Reading for Information, Applied Mathematics and Location Information. You will be responsible for the costs of taking any other WorkKeys assessments or re-tests of the foundational assessments. Also, SCWRC will cover the costs for the registration and printing of the National Career Readiness Certificate (NCRC), provided that you meet the minimum requirements to obtain the NCRC.

Have you taken any of the following WorkKeys Assessments in the past year:

Reading for Information? Yes ___ No ___ If Yes, date/place of test: _____

Applied Mathematics? Yes ___ No ___ If Yes, date/place of test: _____

Locating Information? Yes ___ No ___ If Yes, date/place of test: _____

Did you earn an NCRC Yes ___ No ___ If Yes, date/level: _____

Please check all the following boxes that describe you:

- High School Student – School Name: _____
- Career and Technology Center Student – CTC Name: _____
- College Student or recent graduate (within 1 year)
- Vocational Rehabilitation client
- Department of Social Services (SNAP, TANF, etc.) client*
- Health and Human Services client
- Adult Education participant
- SC Works Center WIA participant
- Currently employed full-time
- Currently employed part-time
- Unemployed
- Other _____

* If a recipient of SNAP (f/k/a the Food Stamp program), you are aware that participation in SCWRC is voluntary and will not affect your SNAP benefits, but full participation may increase your chances of finding employment or getting a better job.

SCWRC would like permission to share your demographic information and WorkKeys scores with SCWRC's public agency partners. By signing below, you grant permission for the demographic information you provided on this form and your WorkKeys scores to be shared with SCWRC's public agency partners. The SCWRC public agency partners will maintain confidentiality of any personally identifiable information that is released to them under this permission and will not disclose any personally identifiable information to a third party.

I knowingly grant permission for SCWRC to share my information with SCWRC's public agency partners: _____
(Check This Box For Digital Acknowledgment)

Signature of Test Participant

Date

SCWRC Testing Site

ACT Site # (if applicable)