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John Bel Edwards, Governor
 Ava Dejoie, Secretary

Office of Workforce Development

STUDENT DATA CERTIFICATION STATEMENT

(Student data will not be processed by LWC prior to receipt of this Certification)
 *For the use of Private Institutions Only



Please complete this form and upload into the Documents Section of the Provider Profile

This data is being submitted on behalf of:

NAME OF INSTITUTION

VENDOR CODE

For Calendar Year _____

June 1, _____ through May 31, _____ (Exiters)

June 1, _____ through May 31, _____ (Enrollees)

Program Name	CIP Code	CIP Extra	# of Exiters	# of Enrollees

*If no exiters and/or enrollees enter "0"

I hereby certify that all Student Data provided is true and correct to the best of my knowledge. I understand that this data will be used solely for the determination of eligibility for WIOA funding and for the state SCORECARD. I further understand that there are administrative penalties for submitting false or inaccurate information in accordance to section 122 of the Workforce Innovation and Opportunity Act of 2014.

Certification must be signed by an authorized authority (such as the CEO, President, Owner, Director of Admissions, etc.)

Printed Name

Signature

Title

Date

LWC USE ONLY

Date Received:		Completed By:		Date Completed:	
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