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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)

Office of Workforce Development
Email: crs@lwc.la.gov

This data is being submitted on behalf of:

NAME OF INSTITUTION

INSTITUTIONAL CODE

PROGRAM NAME

CIP CODE

For Program Year _____

June 1, _____ through May 31, _____ -----> # of Exitors

June 1, _____ through May 31, _____ -----> # of Enrollees

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.)

Signature

Printed Name

Title

Date

LWC USE ONLY

Date Received:		Completed By:		Date Completed:	
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