

Fax Back Form

Print, complete, and fax to request an ID and password for data entry for the Career Education Consumer Report

To: Public Policy Associates, **Attention:** Matt Drake
 Inc.
Fax: (517) 485-4488 **Telephone:** (517) 485-4477

Name of person authorized to enter school data: _____

Title: _____

Phone number: (_____) _____ - _____ Extension _____

e-mail address: _____@_____

New – Need an ID and Password **Designated Contact Change**

I authorize the above individual to enter and update information about programs of my school.

School name: _____ County: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Signature of President/CEO: _____

Printed name of President/CEO: _____

Phone number: (_____) _____ - _____ Extension _____

e-mail address: _____@_____

What type of organization is your institution? Please check one.

- M-TEC Degree-granting college/university K-12 affiliated education program ISD Career Center
- Private nonprofit Private for-profit Other (describe): _____

| Eligibility: | Please circle one. | | |
|--|---------------------------|----|----------|
| Is your institution covered by Title IV of the Higher Education Act, and thereby able to accept Pell Grants? | Yes | No | Not sure |
| Does your institution provide apprenticeship training registered with the Bureau of Apprenticeship Training of the United States Department of Labor? | Yes | No | Not sure |
| Has your institution fulfilled the terms of a training contract with a Michigan Works! agency under the Job Training Partnership Act or other workforce development legislation? | Yes | No | Not sure |
| Is your institution a privately-owned, for profit establishment? | Yes | No | Not sure |
| <i>If yes, are you licensed to provide occupational training?</i> | Yes | No | Not sure |
| Are you willing to consent to an audit of data provided to CECR? | Yes | No | Not sure |

Please fax to the number listed at the top of this form. Thank you!