



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, Math 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: \_\_\_\_\_

Math? 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
- ☐ Career and Technology Center Student
- ☐ 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 to 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 my personally identifiable information to any third party.

I knowingly grant permission for SCWRC to share my information with SCWRC's public agency partners:\_\_\_\_\_

\_\_\_\_\_  
Signature of Test Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCWRC Testing Site

\_\_\_\_\_  
ACT Site # (if applicable)