

OMB Control Number: 1205-0219

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Expires: xx/xx/xxxx

Public Burden Statement

ETA 661



**Separate Student**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_   
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Counselor: \_\_\_\_\_

**Separation Information**

Projected Separation Date: \_\_\_\_\_  
Separation Date:

Separation Type:

Separation Reason:

Readjustment Pay for MSWR: \_\_\_\_\_

Recommend Readmit to JC:

Accept Readmit to Same Center:

Eligible for Placement: \_\_\_\_\_  
Placer: \_\_\_\_\_

**Student Address**

Address 1:   
Address 2:   
City:   
State:   
Country:   
Zip:   
Phone:

**Final Pay Address**

Address 1:   
Address 2:   
City:   
State:   
Country:   
Zip:   
Phone: ( ) -   Ext:

**Separation Checklist**

Number of Paid Days: \_\_\_\_\_  
GED Status: \_\_\_\_\_  
Vocation Completion Status: \_\_\_\_\_  
Graduate: \_\_\_\_\_  
Eligible for Placement Service: \_\_\_\_\_  
Driver's License: \_\_\_\_\_  
Unpaid Debt Amount: \_\_\_\_\_  
Last TABE test date: \_\_\_\_\_