Appendix H.

Contact Information Update Request (English)



| OMB Control Number: | hening Community Colleges |
|---------------------|---------------------------|
| | ts Program Evaluation |
| | nation Update Request |

Expiration Date:

Part X OMB Ex

I1. [SCC4 COMMUNITY COLLEGE] is taking part in a national study that the U.S. Department of Labor is sponsoring, called the *Strengthening Community Colleges Training Grants Program Evaluation*. When you signed up for the study, you learned that we would contact you to take a second survey. This contact information update request is to ensure we can stay in touch with you for the second survey. Your responses to the questions in this contact information update request are voluntary. You can skip any questions you do not want to answer, but we hope that you will answer as many questions as you can so that we can stay in touch with you for your follow-up survey. We will protect your information and privacy to the fullest extent under the law. Your responses will only be used for survey follow-up efforts.

You may receive this contact information update request up to four times, depending on the date that you enrolled in the study. For the second and fourth requests, we will email you a \$5 gift card to thank you for your participation after you complete this short form.

If you have any questions about the study, please contact Mathematica's survey director, Lisbeth Goble, at 312-994-1016 or email her at lgoble@mathematica-mpr.com.

| ALL | | | | |
|-----|---|---------------------------------|------------|--|
| A1. | First, we would like to know about your status with [SCC4 program]. Are you currently enrolled at [SCC4 COMMUNITY COLLEGE] in [SCC4 program]? | | | |
| | m Yes | | 1 | |
| | m No | | 0 | |
| ALL | | | | |
| A2. | Now we would like to n What is your current pl | up-to-date contact information. | | |
| | Phone number: | | (STRING 1) | |
| ALL | | | | |
| | | | | |
| A3. | What is your current email address? | | | |
| | Email address: | | (STRING 1) | |
| | | | | |
| ALL | | | | |
| | | | | |

A4. What is your current address? If you do not have a current residential address, do you have an address where you currently receive mail?

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Part X OMB Ex

| | Street Address 1: | STRING 100) | | | |
|-------|---|---|--|--|--|
| | Street Address 2: | (STRING 100) | | | |
| | City: (STRING 100) | | | | |
| | State: | (STRING 50) | | | |
| | Zip: | (STRING 50) | | | |
| | MISSING | m | | | |
| | | S NOT ENTER IN street address 1, city, state, or zip; This | | | |
| addre | - | u for future surveys. Can you please provide your full | | | |
| | | | | | |
| ALL | | | | | |
| A5. | We want to make sure we are able to reach you for the follow-up survey for this study. What is the best way to get in touch with you about the study? | | | | |
| | SELECT ONE ONLY | | | | |
| | m Phone call | 1 | | | |
| | m Text message | 2 | | | |
| | m Email | 3 | | | |
| | NO RESPONSE | M | | | |
| ALL | | | | | |
| A6. | Thank you for providing this update. Please re-enter your email below and we will email you a link to select a \$5 e-gift card of your choice. | | | | |
| | Email address: | (STRING 100) | | | |

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