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Public Burden Statement ETA 661 Separate Student Student ID: Name: Select Student Gender: Counselor: Separation Information Student Address Final Pay Address Address 1: Address 1: Projected Separation Date: Address 2: Address 2: Separation Date: City: City: Separation Type: State: • State: • -Separation Country: Country: • Reason: ▼| Zip: Zip: Readjustment Phone: Phone: () -Pay for MSWR: Ext: Recommend Readmit to JC: Separation Checklist Accept Readmit Number of Paid Days: to Same Center: **GED Status:** Eligible for **Vocation Completion Status:** Placement: Graduate: Placer: Eligible for Placement Service: Driver's License: **Unpaid Debt Amount:** Last TABE test date: Select Placer GED/HSD <u>V</u>ocation Travel Save