Your Application for Admission has been received. It will be processed when we receive your application fee of $10.00 and this signature page.

Please read the following statements, then sign and date at the bottom of the page.

***PLEASE READ CAREFULLY***

If you are accepted as a student at this institution, there are certain performance tests you will be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by the College. In those instances where tests are administered by an external entity, you hereby agree for the results of such tests to be released to the institution. The purpose of this requirement is to comply with the legislature’s expressed intent that institutions regularly evaluate and improve instruction at all levels. If you are under twenty-one years of age and are required by institutional policy to complete the COMPASS test, your scores on this test and course placement may be reported to your high school for research purposes. Any test scores will be treated confidentially as required by law.

***PLEASE READ AND SIGN***

I certify that all of the information on the Application for Admission is true and that no information has been intentionally withheld. I further certify that I understand that giving false information may make me ineligible for admission to or continuation as a student at Northeast State Community College.

________________________________________ ________________
Signature Date
Dual Enrollment or Early Admission Authorization To Release Educational Information to a Third Party

Student’s Legal Name

SSN

I authorize Northeast State Community College to release my academic and business office related information to my high school, school board, and parent(s)/guardian(s) while attending Northeast State as a Dual Enrolled or Early Admission student. I understand this permission form only applies while attending Northeast State under the status of Dual or Early admissions.

Student’s Signature

Date

PLEASE COMPLETE THE FOLLOWING:

High School:

Counselor:

Parents/Guardians:
Hepatitis B Immunization Health History Form

Name: _______________________________ ___________________________ MI

Last First MI

Date of Birth: ___________ SSN or Student ID*: _______________ Phone: (____) ___________

Month/Day/Year

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)

[TO BE COMPLETED BY ALL NEW STUDENTS]

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

____ I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine.

Date of completion of the Hepatitis B vaccination series: _______ / _______ / _______

____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (if student is under 18): __________________________ Date: _______

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention web site at [www.cdc.gov/health/default.htm].

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Complete this form and return it to:

Office of Admissions and Records
Northeast State Community College
P.O. Box 246
Blountville, TN 37617

Fax: 423.323.0215

NSCC-3 03-009