

Dual Enrollment Signature Page

The Family Educational Rights and Privacy Act of 1974 as amended (FERPA), requires the following information in order to release student information to parents/guardians or appropriate high school staff indicated by the student. Please complete and sign.

I give permission to representatives of Jackson State Community College (including course instructors) to release my information to _____ (High School) and/or _____ (parent/legal guardian) regarding admissions, registration, fee payment, disability services, grades and attendance information during my enrollment as a dual enrollment student.

Student's Name & Date of Birth (PLEASE PRINT)	Student's Signature	Date
Parent/Guardian's Name (PLEASE PRINT)	Parent/Guardian's Signature	Date

Hepatitis B Immunization Health History Form All Students Must Complete

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 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.

Hepatitis B (HBV) Immunization

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 had the entire series of the Hepatitis B vaccine.**
- _____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.
- _____ I hereby certify that I have read this information and **I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.**

Signature of **Parent & Student** _____ Date _____

I understand withholding or giving false information on my application may result in ineligibility for admission or continuation in Dual Enrollment at Jackson State Community College. Accordingly, I certify that all of the information and statements provided by me on this application are correct and complete. Further, if I am admitted to Jackson State Community College, I agree to abide by the rules and regulations of the institution.

In addition to the forgoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a United States citizen or alien lawfully present in the United States. By submitting this application, I am attesting that I am either a United States citizen or alien lawfully present in the United States or I am not requesting any state benefits including in-state tuition.

I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement, my state public benefits may be rescinded or I may be disciplined by the college.

Signature of Student _____ Date _____