The Family Educational Rights and Privacy Act of 1974 as amended (FERPA), requires the following information so that we can release student information to parents/guardians. Please complete and sign.

I give my permission for the Dual Studies Department at Jackson State Community College to release my information to ________________ High School and/ or ______________________________, my parent(s)/legal guardian(s), regarding admissions requirements, registration, grade, and fee payment information during my enrollment as a dual enrollment student.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Print Student’s Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Signature</td>
<td>Print Parent/Guardian’s Name</td>
<td>Date</td>
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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 Student __________________________________________ Date________________

(Parent/Guardian must sign if student is under 18)

I understand that withholding information on this application or giving false information may make me ineligible for admission to, or continuation in, 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 foregoing, 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________________