

DYERSBURG STATE

COMMUNITY COLLEGE

DSCC Dual Enrollment Signature Page

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 Dyersburg State Community College permission to release any information to my high school officials and the persons identified below regarding attendance, grades, academic standing, dual enrollment grant payment information, and financial obligations until I graduate from high school:

Recipient Information

Clearly PRINT the name(s) of the person(s) authorized to receive or request information:

PARENT/LEGAL GUARDIAN(S): _____

HIGH SCHOOL: _____

Immunization Health History Form **All Students Must Complete and Sign**

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning measles, mumps, rubella, varicella, and hepatitis B infections 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 these diseases. The required information below includes the risk factors and dangers of these diseases as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each 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.

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.

**For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Website at: www.cdc.gov/health/default.htm.*

I understand withholding or giving false information may make me ineligible for admission to or continuation with Dyersburg State Community College. Accordingly, I certify all of the information and statements provided by me on this application are correct and complete. Further, if I am admitted to Dyersburg 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.

Student's Name (PLEASE PRINT)

Date of Birth

Student's Signature

Date

Parent/Guardian Name (PLEASE PRINT)

Parent/Guardian Signature

Date