

Tennessee Tech University  
Whitson-Hester School of Nursing  
Student Handbook

**A9 Permission for Release of Information**

I give permission for \_\_\_\_\_ to provide information to the  
Whitson-Hester School of Nursing regarding my academic and clinical performance as a student in the  
School of Nursing.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Instructions: If you request faculty input into your readmission packet, please complete, sign and date  
this form.

Chairperson, Admissions and Credits Committee  
School of Nursing  
Tennessee Technological University  
Box 5001  
Cookeville, TN 38505

*Revised A&C: 4/8/14*

*Reviewed and approved FO: 4/22/14*

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*Reviewed and approved FO: 8/17/2018*