

RELEASE OF LIABILITY FORM

As an applicant to the Radiologic Technology Program, I realize that a visit to a Clinical Site may be required. I am aware that if requested to make a Clinical Site visit, I am responsible for any events that might lead to personal injury and am responsible for any expenses incurred due to any such events.

STUDENT SIGNATURE _____ **DATE** _____

RECORDS RELEASE FORM

I request that my Tyler Junior College transcript and/or other school records be released to the Department Chair of the Allied Health Program: RADIOLOGIC TECHNOLOGY PROGRAM

Name (printed) _____

Other name(s) used while attending _____

Present Address _____

Social Security Number _____

Transcript(s) will be requested for the purpose of admission to the Program listed above.

STUDENT SIGNATURE _____ **DATE** _____

Any present or past student of Tyler Junior College who is applying for admission to a Health Science Program must complete the above release form.