



## Student Permission Form

I hereby give my permission to a representative of the Virginia Highlands Community College Nursing to submit professional references on me from my official nursing program records at my request.

I hereby give my permission to a representative of Virginia Highlands Community College Nursing to contact my **first** employer for the purpose of gaining information related to my educational preparation.

I hereby give permission, without promise of any present or future consideration, that my name, image, and/or voice may be used by Virginia Highlands Community College.

I hereby give permission that my application packet and work submitted to faculty as a part of course requirements may be used by Virginia Highlands Community College for program accreditation purposes.

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Signature

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Date