

**CHISHOLM TRAIL TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM**
Route 1 Box 60
Omega, OK 73764
(405) 729-8324 1(800) 608-8324



RELEASE OF INFORMATION

Name (Please print): _____
Last First M.I. Maiden

Social Security Number: _____ - _____ - _____

Dates Attended/Employed: _____

Type of Information Needed: _____

I do hereby give my permission to release information to Chisholm Trail Technology Center concerning my qualifications for entrance into the Practical Nursing program.

Student Signature

Date

Return this sheet with your application.

“Chisholm Trail Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, religion, qualified disability, or veteran status in any of its practices, policies, or procedures.”