



RELEASE OF INFORMATION

I hereby give my permission for ETSU College of Nursing Health Center to obtain necessary income information for the Sliding Fee discount evaluation from Employers, Department of Social Services, Tennessee Employment Commission, Social Security Office, and to provide other Health Center and/or Hospitals financial and medical information when needed.

I understand by signing this release I am not guaranteed the Sliding Fee discount. I must meet the guidelines set forth by the Federal Poverty Table.

Name: _____

Signature of Authorized Party: _____ **Date:** _____

SOCIAL SECURITY NUMBER _____

Witness: _____ **(To be signed by CHC Employee)**

DATE: _____