

Do you have prior military service? No _____ Yes _____ : From _____ To _____

Reserve Status: Active _____ Inactive _____

Military schools attended:

Date To and From	Course	Location	Graduated
			Yes No
			Yes No
			Yes No

Please attach additional sheets if necessary.

Have you ever been convicted of any offense other than traffic violations? No _____ Yes _____

If yes, please explain (as you may or may not be eligible for ARRT certification or New York State Licensure):

Attach additional sheets if necessary.

I hereby certify that the information I have provided on this application is true and correct. I hereby authorize any employer, educator, government agency, physician or hospital that has my records to provide any and all information they may have concerning my attendance and related matters to Glens Falls Hospital School of Radiologic Technology. Further, I release all parties and persons from any liability for any damage that may result from furnishing such information to Glens Falls Hospital School of Radiologic Technology or from the use or disclosure of such information by Glens Falls Hospital School of Radiologic Technology or any of its agents, employees, or representatives in connection with my application for possible enrollment or any inquiry from other prospective employers and/or schools.

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my dismissal should such be discovered after my acceptance by Glens Falls Hospital School of Radiologic Technology. In consideration of my acceptance, I agree to conform to the policies, values, and standards of Glens Falls Hospital School of Radiologic Technology, as they may be amended from time to time at the school's discretion.

I understand that nothing in the application, Glens Falls Hospital School of Radiologic Technology, student handbook, or in my communications with any Glens Falls employee or representative is intended to create a contract between the school and me.

All accepted students must comply with all policies and procedures set forth by Glens Falls Hospital and the Radiology School. It is the policy of Glens Falls Hospital not to discriminate against any applicant for admission with respect to race, gender, color, religion, creed, age, disability, and national origin or ancestry.

(Applicant's Signature)

(Date)