

WAIVER OF RESPONSIBILITY REGARDING
SOCIAL SECURITY INFORMATION

I, _____ am the legal guardian of _____
Parent's Printed Name Student's Printed Name

- I understand that a photocopy of my student's social security card and driver's license must be submitted to the North Carolina Nurse Aide Competency Evaluation Service (NACES) along with a nurse aide training certificate of completion, an application to test, appropriate fees, and a photocopy of my student's driver's licenses.
- My student's teacher has offered to view, photocopy, and securely store the photocopied SS card and driver's license for my student until time to submit these documents to NACES for final competency testing.
- I understand that the teacher will not permanently retain the social security card and driver's license photocopy. Once the social security card and driver's license photocopies are removed from my student's file, I understand that no other copy will be held by the teacher.
- I DO NOT wish for my student's teacher to handle my student's social security card or driver's license, photocopy these articles or retain the photocopies for submission with other documents needed to apply for nurse aide testing.
- I accept full responsibility for submitting a copy of my student's social security card and driver's license to the North Carolina Nurse Aide Competency Evaluation Service (NACES).
- I fully realize that my student will be unable to take the final nurse aide competency evaluation without the submission of the social security card and driver's license photocopies even though my student successfully completes the nurse aide training.

Parent signature and Date:

Nurse Aide Student Signature and Date:
