



## IMMUNIZATION WAIVER

This form is intended for use by student populations that meet the following criteria: dual-enrolled students, specified on-site contract training sections, students taking courses fully online. Other categories may include Gifted & Talented students, homeschooled students, Kids and Teen College students, Personal Enrichment students, and Driver Education students.

I, \_\_\_\_\_, confirm that I meet the following criteria:

Student's Full Name

Please check the applicable box below:

- Dual-enrolled high school student attending college courses
- Specified contract Training sections
- Student taking courses fully online
- Other: \_\_\_\_\_

Please indicate classification for consideration

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Contact information: \_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone number

If you meet the above criteria and submit the completed form, the immunization alert will be removed within 24-48 hours after receiving this form. You should expect to hear from us if your request is denied for any reason.

Please note: Automatic waivers will be granted to continuing education students taking one-day courses and for contract training courses that meet off-site of campus locations.