

UNIVERSITY OF WYOMING
STUDENT HEALTH SERVICE

Dept. 3068
1000 E. University Ave.
Laramie, WY 82071

RELIGIOUS EXEMPTION TO MANDATORY
MMR IMMUNIZATION

Name _____
Last First Middle

Date of Birth _____ W# _____

Phone Number _____

Permanent Address _____
Street address/PO Box City/State/Zip code/Country

Date

I, _____, request a religious exemption to the mandatory University of Wyoming MMR immunization based on religious beliefs contrary to immunizations. If an outbreak of any of these three illnesses occurs on the UW campus, students with a medical exemption will be excluded from campus for the duration of the outbreak.

Signature

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

On this _____ Day of _____ 20_____. _____
Name of signer

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness, to be the signer of the above document dated _____, personally appeared before me and he/she acknowledged that he/she signed it.

Witness my hand and official seal

My commission expires _____
Signature of Notary Public