



I attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to denial of my request.

I understand that the College will review exemptions annually, and I will need to reapply in the future.

I acknowledge that, if DCAD determines that there is an outbreak of a vaccine-preventable disease on campus, or if in the estimation of the College, I have been or am at risk of having an exposure to a vaccine-preventable disease, I shall be temporarily excluded from physical attendance at the College. It will be my responsibility to keep up with academic work. I will be authorized to return to the College only upon approval by the College and my healthcare provider.

I release the College, the College's Board of Trustees, and its employees from any responsibility for any impairment of my health resulting from this exemption.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_