Stud nt Nam
Stud nt Millikin Id nti ication Numb r
Pl as indicat th mandat divaccinations or which you ar in qui sting ix mption
Plas writ a short stat m nt xplaining th strongly h ldr ligious prsonal or m dical b li sthat giv caus to your r qu st or x mption

I a irm that the statement mad above truly releasing below and practices. I understand that should an outbreak of a vaccine preventable disease occur on campus or in the community I may be required to curtail my normal activities and may be asked to avoid contact with other persons in the interest of public health. I urther understand that should I contract a vaccine preventable disease I will hold the university harmless and will comply with any and