



Student Name: \_\_\_\_\_ CID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ASU E-mail Address: \_\_\_\_\_

PLEASE READ AND PLACE AN "X" NEXT TO THE EXEMPTION YOU ARE REQUESTING, SIGN, DATE AND SUBMIT TO THE REGISTRAR'S OFFICE.

- I am claiming a Bacterial Meningitis Vaccine exemption due to health reasons.  
Attached is a signed affidavit or certificate from a physician that states the vaccination would be injurious to my health.
  
- I am claiming a Meningococcal Vaccine exemption due to reasons of conscience.  
A notarized Texas Department of State Health Services exemption form is attached.  
I understand that this exemption expires after two years.
  
- I am taking only online or distance learning courses at ASU and will not be on the ASU campus or facilities during the semester. I understand and acknowledge that I will be required to submit a vaccination record if at any point during the semester I enroll in a class at ASU's campus or facilities. I also understand that this exemption is valid only for one term.

**NOTE:** The reasons of conscience exemption expires in two years and the online/distance learning exemption is valid only for one term.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year