

UNIVERSITY OF WYOMING
STUDENT HEALTH SERVICE

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.

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