

CHALLENGE YOURSELF  
CHANGE OUR WORLD



**CONSCIENTIOUS / RELIGIOUS EXEMPTION**

**MUST BE NOTARIZED:**

**MUST FILL OUT IF UNABLE TO MEET REQUIRED IMMUNIZATIONS DUE TO CONSCIENTIOUS OR RELIGIOUS BELIEFS**

*I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.*

UST ID# \_\_\_\_\_

Student Signature (or parent or legal guardian if under 18 years of age) \_\_\_\_\_

Print Name \_\_\_\_\_

**SIGNATURE AND STAMP OF NOTARY**

Subscribed and sworn to me on the:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ (County), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Notary

Place stamp of Notary: