

CHALLENGE YOURSELF  
CHANGE OUR WORLD



UNIVERSITY  
of ST. THOMAS  
MINNESOTA

**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.*

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

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

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

**SIGNATURE AND STAMP OF NOTARY**

Subscribed and sworn to me on the:

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

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

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

Place stamp of Notary: