



Students may be exempt for Good Cause/Religious/Philosophical/Moral Conviction reasons.*

Instructions: Complete and sign this form in the presence of a Notary Public. The Notary Public will complete the bottom section. Send the completed form via email to dwolfe.gccd@sheridan.edu OR mail to Campus Life & Housing at 300 W. Sinclair Gillette, WY 82718, OR fax to 307-681-6595

GENERAL (NON-MEDICAL) EXEMPTION - Vaccination Requirement

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy)	NWCCD ID Number (7 digits)	Semester Start (Check One)
		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year Entering: _____

The above-named student requests an exemption for the following vaccine(s) (check all that apply):

- Measles
 Mumps
 Rubella

The above-named student understands that by submitting the NWCCD General Exemption form for one (1) or more vaccines required by the Vaccination Requirement, he/she exempts at his/her own risk. The student releases NWCCD, its faculty, staff and students from any and all claims, connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that he/she may be encouraged to leave campus until the situation has been resolved.

Student Signature: _____ Date: _____

**The above-named student requests the following exemption:
Good Cause/Religious/Philosophical/Moral Conviction Exemption Requested**

Notarization by Notary Public required.

TO BE COMPLETED BY NOTARY PUBLIC:

Seal of Notary:

Printed First and Last Name of Notary: _____

Signature of Notary: _____

Subscribed and Sworn before me on the _____ day of _____

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