

**Brooks Health & Wellness Center**

**Immunization Wavier Religious Exemption Notary Form**

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| --- | --- | --- | --- |
| **Last Name:** | Click or tap here to enter text. | **First Name**: | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student ID:** | Click or tap here to enter text. | **Birthdate:** | Click or tap here to enter text. | **Phone/Cell:** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address:** | Click or tap here to enter text. | **City:** | Click or tap here to enter text. | **State:** | Click or tap here to enter text. | **Zip:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **E-Signature:** | Click or tap here to enter text. | **Phone/Cell:** | Click or tap here to enter text. |

**Sworn and subscribed before me:**

|  |  |  |  |  |  |
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|  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

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

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**Signature Notary Public**

**Seal**

**PLEASE RETURN THIS FORM TO ADDRESS BELOW OR E-MAIL PRIOR TO REGISTERING FOR CLASSES**:

S.C. State University | 300 College Street, NE | Post Office Box 7178 | Orangeburg, SC 29117

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6/2019,12/21, 01/24