

## **IMMUNIZATION EXTENSION**

STUDENT'S NAME (PRINT) – FAMILY, FIRST	SOCIAL S	SECURITY NUMBER	CURRENT CODE
ADDRESS	CITY	STATE	ZIP CODE
heir educational institution with With this extension, I understand	on 2165, states that students born proof of immunization against <i>I</i> d that I may attend classes. How	Measles, Mumps, and	Rubella.
completed by	LAW		
f I <b>fail</b> to complete my immuni	zations by the above date, I und	erstand that:	
1. I WILL NOT BE ABLE	TO ATTEND CLASSES, AND		
2. I WILL BE LIABLE FO	R ANY OR ALL TUITION CHARC	GES, AND	
3. MY FINANCIAL AID	FOR THIS AND SUBSEQUENT	SEMESTERS WILL BE	AFFECTED, AND
4. MY ACADEMIC PRO NOT COMPLIANT.	OGRESS WILL ALSO BE AFFECTE	ED AND I WILL RECEI	ve a "Wa" grade i
5. THIS IS MY OFFICIA	L WARNING.		
6. THE ABOVE CONDI- COMPLY ACCORDI	TIONS HAVE BEEN MADE CLEANGLY.	AR TO ME AND I HER	EBY AGREE TO
STUDENT'S SIGNATURE	WITNESS		DATE
PLEASE NOTE:			
1. Do not take your sec	ond measles vaccination before		DATE
	aken an M.M.R. within a year of ed in the U.S.A., dated 1981 or		