

REQUEST FOR EXEMPTION: CONSCIENTIOUS OBJECTION FORM

PLEASE NOTE: The Conscientious Objection Form cannot be duplicated. Each student needs to complete on-line, print and sign, a parent signature is needed if the student is under the age of 18 years old. The form needs to be completed entirely and submitted to Lone Star College-CyFair directly or to the High School Counselor.

TEXAS Department of State Health Services
Exemption From Mandatory Vaccination Requirements for Reasons of Conscience

A request (signed application) must be submitted to each individual to receive an exemption from these mandatory vaccination requirements. This form is for official use only and is not valid if photocopied.

PLEASE COMPLETE THE FOLLOWING INSTRUCTIONS:

(I) Individual's Full Name and Date of Birth:
Name: _____ Date of Birth: _____


(II) Address:
Address: _____

(III) Community college/public junior college:
Community college/public junior college: _____

Parental Consent: I, the undersigned, being the parent or legal guardian of the child, do hereby certify that I am the parent or legal guardian of the child named above and that the information provided herein is true and correct.

Official Use Only:
I hereby certify that I am the official representative of Lone Star College-CyFair.
I have reviewed this form and certify that it is accurate and complete.

Immunization Records, P.O. Box 108107, Austin, Texas 78710-0107, Phone 512.389.0100



REQUEST FOR EXEMPTION: CONSCIENTIOUS OBJECTION FORM (COB)

- The form cannot be duplicated
- The form needs to be completed online, printed and signed by all parties
- Parent signature is needed if under 18 years old
- The forms needs to be completed entirely & accurately
- Submitted directly to Lone Star College-CyFair OR High School Counselor



**REQUEST FOR EXEMPTION:
CONSCIENTIOUS OBJECTION FORM
(COB)**

PLEASE COMPLETE THE FOLLOWING SECTIONS:


(A) Individual's Full Name and Date of Birth:

Test First	Middle	Name Last	9/17/1993 Date of Birth (mm/dd/yyyy)
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(B) Address:

24622 Main St Street	Apt./No.	City	State	Zip
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(C) Community college/public junior college: Lone Star College System District



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(COB)**

I certify that I am the student named above or the parent or legal guardian of the student named above and that the information provided herein is true and correct.

Signature of Student/Parent/Legal Guardian	Date 3/26/2014
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