



**Bacterial Meningitis Vaccination Waiver - Enrollment in Online Courses Only**

New students, returning students or continuing students may request exemption from the meningitis vaccination requirement (*Texas Education Code § 51.9191/51.9192(b)*) due to enrollment only in online classes. **Students must submit this form at the beginning of each term in which the exemption is requested. The bacterial meningitis hold will be waived for 3 weeks to allow for registration.**

**THE ONLINE WAIVER MUST BE SUBMITTED TO THE ADMISSIONS AND RECORDS DEPARTMENT AT YOUR CAMPUS.**

The completed form may be delivered in person to any of the Alamo Colleges:

Northeast Lakeview Welcome Center Student Commons Bldg 1201 Kitty Hawk Rd Universal City 78148 <a href="mailto:nlc-nladmin@alamo.edu">nlc-nladmin@alamo.edu</a>	Northwest Vista Admissions and Records Cypress Campus Ctr 3535 North Ellison Dr. San Antonio 78251 <a href="mailto:nvc-admissions@alamo.edu">nvc-admissions@alamo.edu</a>	Palo Alto Enrollment Center Palomino Ctr. Rm 117 1400 W. Villaret Blvd San Antonio 78224 <a href="mailto:aperez31@alamo.edu">aperez31@alamo.edu</a>	San Antonio Room 216 Fletcher Administration Ctr 1300 San Pedro Ave San Antonio 78212 <a href="mailto:sac-ar@alamo.edu">sac-ar@alamo.edu</a>	St. Philip's 1 <sup>st</sup> Floor Welcome Center 1801 M.L. King San Antonio 78203 <a href="mailto:spc-ar@alamo.edu">spc-ar@alamo.edu</a>
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Student Banner ID \_\_\_\_\_ Semester & Year \_\_\_\_\_

Last Name, First Name (please print) \_\_\_\_\_

Birth Date \_\_\_\_\_ Campus \_\_\_\_\_

Daytime Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

**Please initial and sign below:**

\_\_\_\_\_ I certify that I will only enroll in online courses for the above term. I understand that if my status changes and I enroll in any non-online course, I must submit the appropriate proof of bacterial meningitis vaccination within 5 days from registration for the non-online course(s), which will be systematically verified. The vaccination date must be 10 days before the first day of the term. I understand that failure to do so will result in cancellation of enrollment in non-online course(s) and may affect financial aid package if applicable.

**By signing this form I certify that the information provided is true and accurate.**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_