



Request for Religious or Medical Waiver Form

I, _____, hereby request a religious or medical Exemption from mandatory immunization as provided for in New Jersey Administrative Code 8:57-6, Higher Education Immunization, for the following reasons: (medical waiver must include a note from a physician stating reason for exemption)

Signature of Student (18 years or older)

Student ID number

Signature of parent/legal guardian (student under 18 years)

Date