



**UNIVERSITY OF MAINE AT AUGUSTA
OFFICE OF ENROLLMENT SERVICES
IMMUNIZATION WAIVER FORM**

I, the undersigned, request that the University of Maine at Augusta grant me an immunization waiver based on medical, personal, philosophical or religious reasons. I understand that by not complying with the state law requiring these immunizations, I am assuming responsibility for any complications to myself.

In the event of an outbreak, I understand I will be barred from classes immediately until notified otherwise.

FULL NAME (Please Print)

SIGNATURE

DATE OF BIRTH

DATE

Please feel free to further explain any reasoning in depth in the space provided below:

Please Return Completed Waiver via mail or fax to:

UMA Registrar's Office • 46 University Dr, Augusta ME 04330 • Fax 207/621-3116