



Immunization Waiver Form

UNIVERSITY of
MAINE at AUGUSTA

Registrar's Office

46 UNIVERSITY DRIVE, AUGUSTA, ME 04330-9488

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.

Name			
Last	First	Middle Initial	
Mailing Address			
Street/PO Box	City	State	ZIP

Signature Required

Signature

Date

Date of Birth

Please Select One

Religious Basis

Philosophical Basis

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

Please Return Completed Waiver via mail or fax to:

Registrar's Office

46 UNIVERSITY DRIVE, AUGUSTA, ME 04330-9488 | FAX 207.621.3116