

HEALTH SERVICES

NOTICE OF TEMPORARY EXTENSION FOR COMPLYING WITH IMMUNIZATION REQUIREMENTS

Dear Professors:

This is to certify that, _____,
S.S.# _____, has been granted an extension for complying with
the immunization requirements until _____. Therefore,
the aforementioned student should be permitted to attend classes until
this extension period has run out. Following this extension period, the
student should not be allowed to continue attending classes until s/he
presents you with a "Lifting of Suspension" form signed or stamped by
Health Services.

Thank you for your assistance in this matter.

Health Services
Signature/Stamp _____

Date _____

STUDENT ACKNOWLEDGMENT:

I, _____, do hereby acknowledge that I have been
officially notified that I am not in full compliance with Public Health
Law Section 2165. By signing this form, I understand that I am being
granted an extension until the date specified above, by which time I
agree to submit a completed Certificate of Immunization to the Health
Services Office. I understand that if I do not submit a completed
Certificate of Immunization by this date, I will be administratively
withdrawn from all of my classes and blocked from registering for future
semesters until such time as my Certificate of Immunization is complete.

Signature _____

Date _____

White - Student Copy
Yellow - Health Services

SCCC #1343 (8/00)