

## Bacterial Meningitis Immunization Record

Please read the immunization requirements prior to completing this form. All applicable sections should be completed online prior to printing. Original, signed documents should be mailed or delivered to the UNT Dallas College of Law, Office of Academic and Financial Services, 106 South Harwood Street, Dallas, Texas 75201. Email submissions also acceptable to [lawregistrar@untdallas.edu](mailto:lawregistrar@untdallas.edu).

STUDENT INFORMATION			
UNT Dallas College of Law Student ID#		Enrollment Term <input type="checkbox"/> Fall	Year
Last Name		First Name	MI
Mailing Address		Apartment #	Daytime Phone #
City		State	ZIP Code
Date of Birth	Age	Email Address	

PLEASE COMPLETE ONE OF THE FOLLOWING TWO OPTIONS

OPTION 1: Select type of attachment (Documentation must be in English or accompanied by a notarized translation.)	
<input type="checkbox"/> Official copy of Immunization Record stating the type of vaccine administered and signed by a Health Care Provider <input type="checkbox"/> Medical Exemption Form <input type="checkbox"/> <a href="#">Texas Department of State Health Services Conscientious Exemption form</a> <input type="checkbox"/> Official immunization records generated by a state or local health authority <input type="checkbox"/> Official immunization record received from school officials, including a record from another state	
OPTION 2: To be completed by a Health Care Provider - USE BLACK INK ONLY	
Date of Immunization  _____  Vaccine Administered <input type="checkbox"/> MCV4/Menactra <input type="checkbox"/> MPSV4/Menomune	Official Stamp: Health Care Provider's Name, Address, Phone Number   _____  _____
Signature and Title of Health Care Provider	Date

I have read and understand the Bacterial Meningitis immunizations requirements. I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct. I also give my consent for the above immunization record to be entered into my electronic student record. I authorize UNT Dallas College of Law to communicate with me regarding my bacterial meningitis immunization requirements via electronic communication or by phone.	
Student's Signature (18 Years of Age or Older) - USE BLACK INK ONLY	
	Date
MINORS: Students under 18 Years of Age	
Signature of Parent or Legal Guardian - USE BLACK INK ONLY	Date
Full Name of Parent or Legal Guardian	Relationship to Student

OFFICE USE ONLY			
Date Received	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete	Date Completed	Completed By