

RELIGIOUS/OTHER EXEMPTION

I am exempting myself for religious or other reasons. I understand that in the event of a disease outbreak I may be removed from the residence hall for the duration of the outbreak.

Student Name (PRINT)

Student Signature

Date

IF UNDER 18 YEARS OF AGE:

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

OPTIONAL STATEMENT: PLEASE FILL IN THE SPACE BELOW, OR ADD THE ATTACHMENT, WHEN SENDING IN THE FORM.

Student Name (PRINT)

Student Signature

Date

IF UNDER 18 YEARS OF AGE:

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Please return this completed form, and any attachments to:

**North Idaho College
ATTN: Health Services
1000 W Garden Avenue
Coeur d'Alene, ID 83814**