



IMMUNIZATION WAIVER REQUIREMENTS FORM

The student below has met Delgado Community College's Immunization Waiver Requirements as a condition of enrollment in accordance with Louisiana R.S. 17:170. The waiver is applicable to the student's enrollment in the College's academic programs and may not preclude additional requirements associated with other entities as part of their Delgado academic program participation.

STUDENT'S NAME: _____

STUDENT LOLA ID#: _____

Authorized College Representative:

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____