

Student Health and Wellness Center

IIT Tower, Suite 3D9-1
10 W. 35th Street
Chicago, Il 60616
Phone: 312 567 7550 Fax: 312 567 5702

REQUEST FOR IMMUNIZATION WAIVER

By signing and submitting this waiver, I certify that I am registered for online courses only. I also agree not to attend any of the IIT campuses or public access sites for coursework, labs, exams, etc. Furthermore, I will not be living in any on-campus living spaces including Greek houses.

I understand that I will need to produce proof of immunization according to Illinois State Law if I violate the above statement and could be subject to disciplinary action for furnishing false information to the university. I also understand that I'll need to submit a Request for Immunization Wavier form every semester that I attend IIT.

Print Name: _____ CWID #: _____

Semester: Fall / Spring / Summer of 20 __

Signature: _____ Date: _____