



North Hennepin  
Community College

# Immunization Temporary Delay Request

Records and Registration Office  
7411 85<sup>th</sup> Avenue North  
Brooklyn Park, MN 55445-2299  
[www.nhcc.edu/registration](http://www.nhcc.edu/registration)  
Email: [registration@nhcc.edu](mailto:registration@nhcc.edu)  
Fax: 763-493-0563

Name: \_\_\_\_\_ Student ID or Starid \_\_\_\_\_

*Last*

*First*

Term:        Fall 20 \_\_\_\_\_        Spring 20 \_\_\_\_\_        Summer 20 \_\_\_\_\_

Email Address: \_\_\_\_\_

Minnesota Law (M.S. 135A.14) requires that all student born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, mumps, and rubella, allowing for certain specified exemptions. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

## Agreement of Understanding

**I understand that this form allows for a temporary delay of the immunization requirement, and is a one-time process. Immunizations or an exemption must be provided by the 45<sup>th</sup> calendar day from the start of the term. By failing to provide documentation, I understand an immunization hold will be placed on my account, subsequently hindering my ability to register for courses.**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Waiver entered \_\_\_\_\_ Date Entered into ISRS \_\_\_\_\_

Employee Signature \_\_\_\_\_

Delay Term Requested \_\_\_\_\_ 45<sup>th</sup> Day of Term Entered \_\_\_\_\_