



North Hennepin
Community College

Immunization Temporary Delay Request

Records and Registration Office
7411 85th Avenue North
Brooklyn Park, MN 55445-2299
www.nhcc.edu/registration
Email: 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. Immunizations or an exemption must be provided by the 45th 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: _____

<i>Office Use Only</i>	
Waiver entered _____	Date Entered into ISRS _____
Employee Signature _____	
Delay Term Requested _____	45 th Day of Term Entered _____