

MINNESOTA POSTSECONDARY CONSCIENTIOUS EXEMPTION

I, _____, student at _____

am exercising my rights under the First Amendment of the United States Constitution and Minnesota State Law (135A.14 Statement of Immunization, Subd. 3 (b) Exemptions from Immunization) to file a notarized statement of conscientious exemption to all institution vaccination requirements.

Respectfully,

Student Signature _____ Date _____

(Sign in presence of Notary)

Notarized:

State of _____, _____ County

I, _____, a Notary Public for said County and State,

do hereby certify that _____

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the ____ day of _____, 20 ____.

Notary Signature:
