



**SAN FRANCISCO
STATE UNIVERSITY**

Registrar's Office
Student Affairs & Enrollment Management
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132
415.338.2350 ph 415.338.0588 fax

Measles/Mumps/Rubella/Hepatitis B

Waiver Request due to Religious/Personal Beliefs

STUDENT NAME

SF STATE ID#

I request an exemption from the measles/mumps/rubella and Hepatitis B immunization requirement because it is contrary to my religious or personal beliefs.

I understand that in the event of an outbreak of any of these diseases, I am to be temporarily excluded from class, university residence halls, or the campus for my protection and for the protection of other students, faculty and staff.

Signature

Date