

Dear Professors:

This is to certify that, \_\_\_\_\_,  
S.S.# \_\_\_\_\_, has been granted an extension for complying with  
the immunization requirements until \_\_\_\_\_. Therefore,  
the aforementioned student should be permitted to attend classes until  
this extension period has run out. Following this extension period, the  
student should not be allowed to continue attending classes until s/he  
presents you with a "Lifting of Suspension" form signed or stamped by  
Health Services.

Thank you for your assistance in this matter.

Health Services  
Signature/Stamp \_\_\_\_\_

Date \_\_\_\_\_

STUDENT ACKNOWLEDGMENT:

I, \_\_\_\_\_, do hereby acknowledge that I have been  
officially notified that I am not in full compliance with Public Health  
Law Section 2165. By signing this form, I understand that I am being  
granted an extension until the date specified above, by which time I  
agree to submit a completed Certificate of Immunization to the Health  
Services Office. I understand that if I do not submit a completed  
Certificate of Immunization by this date, I will be administratively  
withdrawn from all of my classes and blocked from registering for future  
semesters until such time as my Certificate of Immunization is complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

White - Student Copy  
Yellow - Health Services

SCCC #1343 (8/00)