



DePaul University
Date of Birth Immunization Exemption
For Students Born before January 1, 1957

Student Information:		
Last Name	First Name and Middle Initial	Date of Birth (mm/dd/yyyy) ____/____/____
DePaul Student # _____	E-mail Address	Phone Number
<p>I hereby request the Date of Birth exemption to the Immunization Requirements. I verify that all documentation and identification presented is current and accurate. I also understand that I am subject to the repercussions of falsifying information outlined in the DePaul University Code of Student Responsibility.</p> <p>Student Signature : _____ Date: _____</p>		

Attach required supporting documentation (request will not be processed without documentation) -
 Copy of birth certificate and/or a government-issued Photo ID (Drivers License, State ID, Passport)

Fax:
 Fax: (312) 476-3200

To submit immunization records:
In Person:
 DePaul Central – Lincoln Park, SAC 101
 DePaul Central – Loop, DePaul Center 9th floor

Mail:
 DePaul University
 Attn: Student Records
 1 E. Jackson
 Chicago, IL 60604

For more information please visit our website at sr.depaul.edu