



Student Health Center  
PO Box 1923 Niagara University, NY 14109  
Phone: 716-286-8390 Fax: 716-286-8391

### REQUEST FOR AGE EXEMPTION TO IMMUNIZATION

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell

Student ID Number: \_\_\_\_\_

This form is for your use in providing documentation for an age exemption to Public Health Law Immunization requirements.

Please attach to this form documentation with proof of age of birth date being prior to January 1, 1957.

Acceptable forms of documentation:

- NYS Photo License/Permit/Non-Driver ID Card
- Military Photo ID Card
- U.S. Passport
- Foreign Passport (with USCIS documentation)
- Immigration Documents

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.