

IMMUNIZATION WAIVER
Lake Erie College

I, the undersigned, hereby waive the requirement for _____
Name of Studentto have the following immunizations required by the State of Ohio and Lake Erie College. I agree to hold Lake Erie College harmless in the event of any illness or injury resulting from my noncompliance with their requirement for immunizations.

The immunizations I have chosen to WAIVE include (please list):

The list of Immunizations can be found on the Immunization Form located in the Housing Packet.

Name of Student (please print): _____

Student's Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____

*If student is under the age of 18.

Please return this form to:

The Housing Office
Box 344
391 W. Washington St.
Painesville, OH 44077

If you have any questions, please feel free to call 440-375-7508 between the hours of 7:00am and 4:00pm or email the Director of Residence Life at mmckenna@lec.edu.

*Students will **not** be able to pick up their room keys until they have completed all **4** forms from the Housing Packet.*