

# Colleges of the Dallas County Community College District 11-18-16

Brookhaven College  
[registrar-bhc@dcccd.edu](mailto:registrar-bhc@dcccd.edu)  
phone: 972-860-4883  
fax: 972-860-4886

Eastfield College  
[registrar-efc@dcccd.edu](mailto:registrar-efc@dcccd.edu)  
phone: 972-860-8357  
fax: 972-860-8306

Mountain View College  
[registrar-mvc@dcccd.edu](mailto:registrar-mvc@dcccd.edu)  
phone: 214-860-8600  
fax: 972-698-3074

Richland College  
[registrar-rlc@dcccd.edu](mailto:registrar-rlc@dcccd.edu)  
phone: 972-238-6948  
fax: 972-238-6346

Cedar Valley College  
[registrar-cvc@dcccd.edu](mailto:registrar-cvc@dcccd.edu)  
phone: 972-860-0805  
fax: 972-860-8001

El Centro College  
[registrar-ecc@dcccd.edu](mailto:registrar-ecc@dcccd.edu)  
phone: 214-860-2311  
fax: 214-860-2233

North Lake College  
[registrar-nlc@dcccd.edu](mailto:registrar-nlc@dcccd.edu)  
phone: 972-273-3183  
fax: 972-273-3112

## 100% DISTANCE EDUCATION AFFIDAVIT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

The Dallas County Community College District requires that all new and returning students (those who have had a break in enrollment of one semester or more) under the age of 22 show proof that they have been vaccinated against bacterial meningitis.

By signing this document, you are stating that you have no intention of physically accessing a DCCCD campus or property, and that you will remain in online courses for the rest of the time you are enrolled.

You are also stating that if there are any changes that require you to go to a DCCCD campus or property, you will follow the requirements set by the state and submit proof of the bacterial meningitis vaccination (vaccination or booster shot needs to be within the last five years).

**My signature below indicates that I am agreeing to the following conditions:**

I am enrolled only in online courses with the Dallas County Community College District. I will not physically access a DCCCD campus or property. If there are any changes that require that I go to a DCCCD campus or property, I will follow the meningitis vaccination requirements and submit all documents to the Office of the Registrar before I am allowed to register for my classes.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature if student is under the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form, fax or email it to one of the colleges\*\* listed above.  
Phone numbers have been provided if you have any questions.

\*\*Distance Learning Students can also contact: Dallas Colleges Online, [registrar-dtc@dcccd.edu](mailto:registrar-dtc@dcccd.edu),  
phone: 972-669-6400, fax: 972-669-6409