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, phone: 972-669-6400, fax: 972-669-6409