



To the parents or guardians of _____:

According to your student's immunization records, you have filed a conscientious exemption for all or part of the required immunizations. The conscientious exemption is valid for 2 years and that time will expire on _____. Please submit a completed and notarized form to the school nurse's office by this date or your student's immunization record will be considered noncompliant. You may request your Conscientious Exemption form(s) from the Department of State Health Services through the following methods:

Mailing Address:

Immunization Branch
Department of State Health Services
Immunization Branch (MC 1946)
P.O. Box 149347
Austin, TX 78714-9347

Fax: 512.458.7544

On-line: <https://corequest.dshs.texas.gov/>

- Affidavit form requests will be processed and mailed from the state within one week from the receipt of the request. If additional information is needed in order to process the affidavit, you will be notified.
- The letter must include the following information:
 - Full name of each child for whom a form is requested (first, middle, and last);
 - Date of birth of each child for whom a form is requested;
 - Parent or legal guardian's signature and complete return mailing address, including zip code
 - Number of forms needed for each child (not to exceed five forms per child)
- Telephone requests cannot be processed.
- The official Texas Department of State Health Services affidavit form must be notarized and submitted to school officials. The form must be submitted within 90 days from the date it is notarized.
- The school will accept only official affidavit forms developed and issued by the Texas Department of State Health Services (DSHS), Immunization Branch. **No other forms or reproductions will be allowed.**

Please call _____ if you have any questions.

_____ School Nurse