

**Student Health Service
Columbia University Medical Center Campus
2009-2010**

WAIVER FORM

To Request a SHS Waiver from the Student Health Service, please complete the following form and submit to Eladia Goris at the Student Health Service located at 60 Haven Avenue #3E either in person or by fax to 212-342-3947. (If faxing, please call Eladia or Administrator, Elsa Caraballo, at 212-342-3946 or 3953.)

Name _____
(Student's first and last name)

Email _____

Address _____

UNI # _____

Telephone number: _____

School _____
(School of registration at Columbia University)

Dates of Waiver Requested _____

Institution of study _____
(Must be more than 50 miles away from Columbia University)

Address of Institution of study _____

I certify that I will be in residence at the above noted location during the entire Academic Year, i.e., 8/17/09 to 8/16/10, for which the waiver is requested, that I live more than 50 miles from the Columbia University Medical Center Campus, and that I will be attending no classes during this period for which the waiver is requested.

Student Signature _____ Date _____

School/Dept. administrator _____ Tel.: _____
(Print)

School/Dept administrator _____ Date _____
(Signature)