

**SAMPLE LETTER  
REASONS OF CONSCIENCE EXEMPTION**

Date: \_\_\_\_\_

Department of State Health Services  
Immunization Division  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756

RE: Exemption from Immunizations for Reasons of Conscience Affidavit Form

Dear Immunization Division:

I wish to obtain and Exemption from Immunizations for Reasons of Conscience Affidavit Form. Please provide me with an exemption affidavit form for each of my children listed below:

Child's Full name (first, middle, last): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Number of additional affidavit forms needed for this child (not to exceed 5 forms): \_\_\_\_\_

Please mail my affidavit form(s) to:

Name of Parent/Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: (Optional) \_\_\_\_\_

Sincerely,

(Signature of Parent or Legal Guardian)

***This letter of request may be submitted through the U.S. postal service, commercial carrier or faxed to: 512-458-7544.***

***After the parent receives the original vaccine exemption affidavit, it must be signed, notarized and submitted to the child's school no later than the 90 days after the date the affidavit is notarized.***

***Exemptions from immunizations for Reasons of Conscience are effective for two years from the date notarized.***