

DSHS Immunization Branch

Mail Code 1946

P.O. Box 149347

Austin, TX 78714-9347

Fax: (512) 776-7544

To Whom It May Concern:

In accordance with TAC § 97.62, I am writing to request 10 blank Exemption from Immunizations for Reasons of Conscience Affidavit Forms.

Please mail them to:

Name

Street

City, TX Zipcode

If you have any questions, I can be reached at PHONE.

Thank you.

This letter may also be hand delivered on weekdays between 8am – 5pm to:
1100 West 49th Street, Austin, 78756

*DSHS will mail all affidavits from mailed, faxed and hand-delivered requests.