



Vaccine Verification Attestation Form

Reviewer: _____

Type of Documentation Reviewed: _____

Date Reviewed: _____

To complete the vaccine verification process, by signing below, I represent and acknowledge the following:

- I have produced, in either hard copy or digital format, authentic documentation of my COVID-19 vaccination status for verification.
- Although I am not currently required to provide the university with a copy of my COVID-19 vaccination record, I may be required to do so in the future.

Print Name: _____

Banner Number: _____

Signature: _____

Date: _____

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