



BACTERIAL MENINGITIS INFORMATION ACKNOWLEDGEMENT

In accordance with state law, I acknowledge that West Texas A&M University has provided me information about Bacterial Meningitis and I have received/read the pamphlet entitled "Meningitis on Campus: Know Your Risk, Learn About Vaccination."

Student (Gold Card) Number: _____

Student Full Name _____

Student Signature

Date

Return via fax or mail:

Fax: (806) 651-4949

Mail: West Texas A&M University
Registrar's Office - Meningitis
WTAMU Box 60877
Canyon, TX 79016