



Certification of Documentation/Agreement to Maintain Coverage

I, _____, attest that I am providing the Sam Houston State University Student Health Center with authentic documentation that represents my current insurance coverage. I will maintain this coverage for the duration of the waiver. Furthermore, I understand that providing false documentation or failing to maintain adequate insurance coverage could jeopardize my status as a student at SHSU, subject me to sole financial responsibility for medical expenses, and jeopardize my visa status. I understand the aforementioned information and have been afforded opportunity to ask questions.

Student's Name

Student's Social Security Number

Student's Address

Student's Phone Number

Student's E-mail Address

Student's Signature

Date

Witness' Signature

Explanations of Waiver Justification Not Requiring Documentation of Coverage

Student's Signature

Date