

**HEALTH SERVICES**  
**LIFTING OF SUSPENSION**

This is to certify that \_\_\_\_\_,  
S.S.# \_\_\_\_\_, has now fully complied with New York  
State immunization requirements. Accordingly, his/her suspension is  
hereby lifted and he/she can be readmitted to class. Note that  
professors are not obligated to readmit a student to class if the  
allowable number of absences has been exceeded.

Signature/Stamp \_\_\_\_\_

Date \_\_\_\_\_

White - Student Copy  
Yellow - Health Services

SCCC #1344 (2/98)