

REQUEST FOR EXEMPTION: CONSCIENTIOUS OBJECTION FORM (COB)

PLEASE COMPLETE THE FOLLOWING SECTIONS:

(A) Individual's Full Name and Date of Birth:

Test 9/17/1993
First Middle Name Last Date of Birth (mm/dd/yyyy)

(B) Address:

24622 Main St
Street Apt./No. City State Zip

(C) Community college/public junior college: Lone Star College System District



REQUEST FOR EXEMPTION: CONSCIENTIOUS OBJECTION FORM (COB)

I certify that I am the student named above or the parent or legal guardian of the student named above and that the information provided herein is true and correct.

Signature of Student/Parent/Legal Guardian Date 3/26/2014

