

DALLAS COUNTY COMMUNITY COLLEGES

Brookhaven College
registrar-bhc@dcccd.edu
phone: 972-860-4883
fax: 972-860-4886

Dallas TeleCollege
registrar-dtc@dcccd.edu
phone: 972-669-6414
fax: 972-682-7071

El Centro College
registrar-ecc@dcccd.edu
phone: 214-860-2311
fax: 214-860-2233

North Lake College
registrar-nlc@dcccd.edu
phone: 972-273-3183
fax: 972-273-3112

Cedar Valley College
registrar-cvc@dcccd.edu
phone: 972-860-8201
fax: 972-860-8001

Eastfield College
registrar-efc@dcccd.edu
phone: 972-860-7167
fax: 972-860-8306

Mountain View College
registrar-mvc@dcccd.edu
phone: 214-860-8600
fax: 972-698-3074

Richland College
registrar-rlc@dcccd.edu
phone: 972-238-6100
fax: 972-238-6346

100% DISTANCE EDUCATION AFFIDAVIT

LAST NAME: _____ FIRST NAME: _____ MI: _____

STUDENT ID#: _____ SEMESTER/YEAR: _____

STUDENT EMAIL ADDRESS: _____

The Dallas County Community College District requires that all new and returning students (those who have had a break in enrollment of one semester or more) under the age of 30 show proof that they have been vaccinated against bacterial meningitis.

By signing this document, you are stating that you have no intention of physically accessing a DCCCD campus or property, and that you will remain in online courses for the rest of the time you are enrolled.

You are also stating that if there are any changes that require you to go to a DCCCD campus or property, you will follow the requirements set by the state and submit proof of the bacterial meningitis vaccination (vaccination or booster shot needs to be within the last five years).

My signature below indicates that I am agreeing to the following conditions:

I am enrolled only in online courses with the Dallas County Community College District. I will not physically access a DCCCD campus or property. If there are any changes that require that I go to a DCCCD campus or property, I will follow the vaccination requirements and submit all documents to the Office of the Registrar. The date of the vaccination must be at least 10 days prior to the first day of class.

Student signature: _____ Date: _____

Please complete this form. Fax or email to one of the colleges listed above. Phone numbers have been provided if you have any questions.