

Exemption from Mandatory Signature

I, the undersigned, hereby declare that I am requesting an exemption from the requirement for a mandatory signature due to the following reason(s):

- Medical condition
- Physical inability
- Other (please specify below)

Please provide additional details:

Full Name:

Date:

Contact Information:

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature Exempted