

## Request for Religious Exemption from COVID-19 Vaccination

\_\_\_\_\_  
**Name:**

**Student ID:**

Please explain your religious beliefs and/or practices which is the basis for your request for a religious exemption from the COVID-19 vaccination.

### PLEASE INITIAL WHERE INDICATED BELOW:

\_\_\_\_ My religious beliefs and practices, which results in my request for a religious exemption, are sincerely held.

\_\_\_\_ I understand the clinical site may need to obtain supporting documentation regarding my religious beliefs and/or practices to further evaluate my request for a religious exemption from the COVID-19 vaccination.

\_\_\_\_ I authorize the College to disclose and forward all supporting documentation I have provided as part of my request for a religious exemption, including this completed form, to the clinical site for their review.

\_\_\_\_ I further acknowledge and agree that, although the College may approve my request for a religious exemption, the clinical site will conduct its own review and make the final determination on whether my request for religious exemption will be approved or denied in accordance with the clinical site's COVID-19 vaccination policy.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Parent/Guardian Name and Signature (if Student is under 18 years of age):***

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_