



## REQUEST FOR RELIGIOUS EXEMPTION FOR COVID-19 VACCINATION

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

Date of Birth: \_\_\_\_\_

M number: \_\_\_\_\_

This form and any supporting documents should be emailed to the Director of Student Health and Counseling Services at [babowidp@morrisville.edu](mailto:babowidp@morrisville.edu).

### RELIGIOUS EXEMPTION POLICY:

Students who hold genuine and sincere religious beliefs which are contrary to COVID-19 vaccination may request exemption from the mandatory vaccination requirement. General philosophical or moral objections to the COVID-19 vaccine will not result in approval of a religious exemption. Students requesting a religious exemption shall submit a written statement explaining how receiving a COVID-19 vaccination conflicts with their religious beliefs or practices. Students applying for a religious waiver for the COVID-19 booster requirement should include specific details regarding the religious basis for the request after having received the initial COVID -19 vaccine(s).

The written and signed statement from the student (parent if under 18 years of age) must explain the religious basis for the request and may include, if you choose, other supporting materials. This statement must address all of the following:

- an explanation in your own words why you are requesting a religious exemption
- a description of the religious principles that guide your objection to vaccines
- an indication whether you are opposed to all vaccines and if not, the religious basis that prohibits COVID-19 vaccination

Students under 18 years of age will be required to provide an updated written statement explaining how receiving a COVID-19 vaccination conflicts with their religious beliefs or practices once they turn 18. This written statement can be completed any time after the student's 18<sup>th</sup> birthday, but must be received by the following semester for the religious exemption to be extended.

Upon review, the student will be notified by campus email of the outcome of the request. This form and any supporting documents should be emailed to the Director of Student Health and Counseling Services at [babowidp@morrisville.edu](mailto:babowidp@morrisville.edu).

**Please check each box to acknowledge:**

While my request is pending, I understand that I must comply with the campus' COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence in a SUNY Facility.

I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.

If my request is granted, I understand that I will be required to comply with the campus' COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.

I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the COVID-19 vaccination.

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

\*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.

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**For college use only**

Request Approved: \_\_\_ Denied: \_\_\_ Date: \_\_\_\_\_

If denied, specific reason(s) for denial:

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