

**Request for Religious Exemption from COVID-19 Vaccination**

A religious exemption from the COVID-19 vaccination is allowed for students or employees who hold a sincere religious belief that would prevent them from getting the vaccine.

**Part 1: To be completed by student or employee**

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Date of request: \_\_\_\_\_

**Answer all questions truthfully and fully. Attach additional pages, if necessary.**

Describe the religious belief that prevents you from receiving COVID-19 vaccination:

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Have you received other vaccines (e.g., the flu vaccine) in the past? If so, please explain why your religious beliefs did not prevent you from prior vaccination but now prevent you from COVID-19 vaccination.

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You are invited to submit additional documentation supporting your application for exemption from the COVID-19 vaccination requirement based on a sincerely held religious belief.

Additional documentation may include but is not limited to the following:

- a. A letter from a leader within your religious organization supporting your belief that your religion prevents you from receiving COVID-19 vaccination.
- b. A personal statement that provides a more in-depth description of your belief, its religious nature, and why it prevents you from receiving COVID-19 vaccination.
- c. A statement from someone who is familiar with your beliefs confirming how your religious belief prevents you from receiving COVID-19 vaccination.

Any additional documentation that you submit will be considered in conjunction with your exemption request.

I have read and understand the policy on COVID-19 vaccination and the policy regarding religious accommodation. My religious beliefs and practices, which result in this request for a

religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the college is working with clinical partners to provide a reasonable accommodation that does not create an undue hardship on the student or the community. I understand that, as part of the review process, I may be asked to supply additional supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious exemption to the COVID-19 vaccination requirement.

Student/employee signature: \_\_\_\_\_

Student H number/HACC ID: \_\_\_\_\_

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

FOR OFFICE USE ONLY

Received from student/employee on the following date: \_\_\_\_\_

Reviewed on the following date: \_\_\_\_\_

Disposition

Approved by: \_\_\_\_\_

Disapproved by: \_\_\_\_\_

Person requesting exemption notified on the following date: \_\_\_\_\_