

COVID-19 Vaccination Exemption Request Personal Statement Form for Religious and Sincerely Held Reasons of Conscience

Once completed, this form must be signed in the presence of a notary public prior to submission.

Please explain how your religious beliefs, practices, or observances and/or your sincerely held reasons of conscience are contrary to the practice of vaccination or prohibit receipt of a particular vaccination.

I, _____, am seeking an exemption from COVID-19 vaccination because of the following religious belief or sincerely held reason of conscience:

[document continues on next page]

For religious and sincerely held reason of conscience exemption requests, the requester must sign in the presence of a notary public.

COVID-19 Vaccination Exemption Request Personal Statement Form

Acknowledgment Certificate

By signing below, I verify that the information in my Personal Statement Form is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in my exemption request may result in disciplinary action. I understand that if I am granted an exemption, the fact that I have received an exemption may be shared with those at the university who have a need to know. I further understand that decisions made regarding exemption requests are final and no appeal is provided.

Signature

Date

State of ____, County of _____

The foregoing Personal Statement Form was acknowledged and executed before me on this _____ (date)
by _____ (name of person
acknowledging/executing).

(Notary Seal)

Signature of Notary Public -
State of ____ My commission
expires:

(date)