

## Covid-19 Vaccination Student Religious Exemption Request

Date \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_



To mitigate the COVID-19 public health crisis, VSCS requires that all students taking in-person classes receive COVID-19 vaccination. A religious exemption may be granted if the individual holds deeply held religious beliefs which are contrary to the practice of vaccination and the exemption does not place an undue burden on the institution.

This request will be carefully reviewed, and approval is not guaranteed. You may be asked for additional documentation or to participate in a brief interview to determine your eligibility. Incomplete or unsigned submissions will not be reviewed. After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted or denied. The decision is final and not subject to appeal.

The Dean of Student Affairs Office will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions of the College are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

The assigned exemption expiration is at the sole determination of the College.

Individuals with an approved exemption will be required to comply with COVID-19 preventative health and safety measures that may include masking and regular testing.



If you are requesting an exemption from the COVID-19 immunization requirement due to your deeply held religious belief, please describe the nature of your objection to the COVID-19 vaccination requirement.

How would complying with the vaccine requirement substantially burden your religious exercise?

How long have you held the religious beliefs underlying your objection?

Have you received any vaccines against other diseases, such as the flu vaccine, shingles vaccine, or a tetanus shot? If so, please describe the vaccine, when you received it, and why the vaccine was not objectionable.

Do your religious beliefs include objections to other vaccines? If so, please describe the vaccine and why the vaccine is objectionable.

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The College may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include discussing the nature of your religious practice(s) or belief(s) with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption. If requested, can you provide documentation to support your belief(s) and need for an exemption?

Yes       No

Please provide the following information.

Name of Religious Organization \_\_\_\_\_

Religious Organization Address and Email  
\_\_\_\_\_  
\_\_\_\_\_

Name of Religious Leader and Title \_\_\_\_\_  
\_\_\_\_\_

Because I am not vaccinated, in order to protect my own health and the health of the community, I will comply with all applicable COVID-19 testing requirements and other preventive guidance issued by NVU.

I understand that in the event of exposure to an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from NVU's facilities and activities (including but not limited to classes, common areas, and cafeterias).

I further understand that restrictions from NVU does not entitle me to any reduction in, or refund of, tuition or other fees.

Should I contract COVID-19, I will immediately report it to my NVU advisor and comply with all isolation and quarantine procedures from the Vermont Department of Health.

By signing this form, I understand and assume the risks of non-vaccination. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of vaccination.

My signature on this form certifies that I have read the [CDC COVID-19 Vaccine Information](#).

By signing this form, I understand that restrictions from Institution, I understand and agree to comply with and abide by NVU's COVID-19 policies and procedures.

My signature on this form certifies that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked, and I may be subject to disciplinary or legal action if any of the information I have provided in support of this exemption is false.

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

Printed Name: \_\_\_\_\_