

SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804-1445
CALL: 518.743.2279 | **FAX:** 518.832.7601 | **EMAIL:** registrar@sunyacc.edu

REQUEST FOR RELIGIOUS EXEMPTION TO COVID-19 IMMUNIZATION FORM

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 Vaccination may be exempt after submitting a personally written statement, in one's own words based on the requirements below. To request a religious exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to the Office of Registration and Records. A decision regarding your request will be released through your campus wolfmail account.

STUDENT INFORMATION:

LAST NAME, FIRST NAME	DOB	STUDENT ID NUMBER
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STUDENT STATEMENT:

Please respond to the questions below, if additional space is needed, please attach additional pages. General philosophical or moral objections to vaccines, articles/other media sources opposing vaccines, or copies of writing done by someone else may not be used as part of any exemption request.

1. How receiving the vaccination conflicts with your sincere religious belief or practice by:
 - a. Describing the nature and tenets [the doctrine, principle or position] of your religious belief

 - b. Describing the practices, rituals and observances of your religious belief

 - c. Sharing when, where and how you have adhered or embraced the religious belief or practice

 - d. Providing names of others who may have observed one's past adherence to your religious belief or practice

2. How not receiving the vaccination will not otherwise prevent completion of your programmatic or curricular requirements of the academic program.

Please note that the campus reserves the right to request additional documentation to support this request.

Please check each box to acknowledge each statement:

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.

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.

STUDENT SIGNATURE*

DATE

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