**Tompkins Cortland Community College**

**COVID-19 Vaccination Requirement**

**Religious Exemption Request Form**

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 Vaccination may be exempt after submitting a written statement that explains (1) how receiving the COVID-19 Vaccination conflicts with the student’s sincere religious belief or practice, and (2) how not receiving the COVID-19 Vaccination will not otherwise prevent the student’s completion of their programmatic or curricular requirements of the academic program. General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.

To request a religious exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to the Health Center by emailing it to healthcenter@tompkinscortland.edu. A decision regarding your request will be released through email.

**Student Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Student Email Address | Date of Birth | Student ID #: |
|  |  |  |  |  |

**Student Statement:**

In the space below, please describe the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the SUNY COVID-19 Vaccination requirement. If additional space is needed, please attach additional pages.

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You may attach supporting materials if you so choose. Examples of supporting materials include, without limitation:

* A letter from an authorized representative of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID-19 immunization.
* Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

*Please note that the College reserves the right to request additional documentation to support a request for a religious exemption.*

**Please check both boxes to acknowledge:**

[ ]  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.

[ ]  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.