



Student Request for Religious Exemption to COVID-19 Vaccine Form

NAME _____

DATE OF BIRTH _____

EMAIL _____

Instructions:

1. Complete information (name, DOB, etc.)
2. Complete the statement of why you are requesting a religious exemption
3. Have the form notarized
4. Make a copy for your files
5. Bring the completed and notarized form with any supporting material to the office of the Vice President for Student Affairs, Old Main 102 or email the completed and notarized form with any supporting material as a pdf attachment to stfmail@canisius.edu.

This form is to be used in applying for a religious exemption to the vaccine requirements for Covid-19 as required by the College's Vaccination Policy. Its purpose is to establish the religious basis for your request on the basis of a sincere religious belief. *Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption.* You are required to submit a written and signed statement outlining your objections to immunization due to sincere and genuine religious beliefs which prohibit immunization. The college has the right to request additional supporting documentation.

In the area provided below or in an attached document, please write your statement. The statement **must** address **all** of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits Covid-19 vaccinations.

Your request is not automatically granted and will be reviewed carefully. You will be notified via college email on the decision of this submission. All decisions for religious exceptions for the Covid-19 vaccine requirement are final.

Religious Exemption Request (Attach to this form any additional written pages or other supporting materials.)

Please sign and date in the space provided below and have the document notarized by a public notary. I hereby affirm the truthfulness of the forgoing statement and have received and reviewed the informational immunization materials provided to me by Canisius College. I also understand that by signing this form I assume all responsibility for risk of exposure to and infection from Covid-19 that may occur while I am on campus or at campus sponsored events and any health related complications that may result from such infection. I understand that I may be excluded from participation in certain college activities.

Signature	Date
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Notary Seal: