



## Student Request for Religious Exemption to COVID-19 Vaccine Form

### **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 [sfmail@canisius.edu](mailto:sfmail@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.

Attach to this form additional written pages or other supporting materials.

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.


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 understand that if I am allowed to continue to work while unvaccinated against COVID-19 that I may be at higher risk for contracting COVID-19 than if I were vaccinated. I may be excluded from campus which includes but is not limited to exclusion from class attendance, college housing and participation in all college activities. I understand I may be prohibited from entering academic classrooms, libraries, college residences, dining halls, community spaces and from participating in academic experiences, internships, intercollegiate athletic activities (including as a spectator), student recreation events, and social functions. I understand that if my request is approved, I will be responsible for submitting weekly Covid-19 testing results with proof of a negative test.

<b>Signature</b>	<b>Date</b>
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Notary Public Seal