



RELIGIOUS EXCEPTION REQUEST FORM
Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

Name: _____

Student ID: _____

Email: _____

Phone: _____

In fall 2021, Santa Rosa Junior College (“District”) required that all employees, students and volunteers provide proof of full COVID-19 vaccination or submit to weekly COVID-19 testing. In spring 2022, the option for testing ceased and all individuals listed above are now required to submit proof of being fully vaccinated.

A religious exemption to vaccination may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination and (ii) completes this form. The District is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Employees, students and volunteers must request religious exemptions. If approved, the exemption will remain in effect for the duration of the vaccine requirement.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval, and as may be updated by later notifications and/or posting of requirements on the District website. In the event of an outbreak on or near campus, a close contact to a COVID-19 positive individual is experienced, or if required by federal, state or local health requirements, the District may exclude individuals with exemptions from all District facilities and activities, in order to protect all unvaccinated members of the District community, until the outbreak is declared to be over, or District health and safety protocols are met.

While the District will carefully review all requests for religious exemptions, it will only approve exemptions that comply with the law. The District will carefully review each request and determine if the request should be granted. After the District has reviewed and processed your request, you will be notified, in writing, if an exemption has been granted or denied. You may reapply if you can support the request with new documentation and information.

Religious exemption process:

- **Read the CDC COVID-19 Vaccine Information;**
- **Complete and sign the following page of this form;**
- **Complete the Personal Statement Form;**
- **Submit all completed forms and documentation together to:**
studentexemptions@santarosa.edu or fax 707-524-1505

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive requirements.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from District facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and human resources, as appropriate, to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will immediately report it to Human Resources and comply with all isolation and quarantine procedures specified by the District.
	I acknowledge that I have read the <u>CDC Covid-19 Vaccine Information</u> .
	I understand and agree to comply with and abide by all District COVID-19 policies and procedures
	I understand that, if approved, this exemption is provisional based on the current District COVID-19 vaccination policy and is subject to change based on District requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission and that the District is relying on it for making operational decisions in keeping the campus safe. I understand this exemption may be revoked and I may be subject to District disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

Student ID: _____ **Email:** _____

Phone: _____

Course(s) Seeking an Exemption For (Course Title and Section Number):

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed by handwritten signature on the submitted document.

Date: _____



RELIGIOUS EXCEPTION REQUEST FORM

PERSONAL STATEMENT FORM

Name: _____

Student ID: _____

Email: _____

Phone: _____

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach any additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Date: _____