

Capital University

Request for Religious Exemption from the COVID-19 Vaccine

Capital University will reasonably accommodate the religious practices of its employees and students in compliance with federal and state law. However, the University is not obligated to grant an accommodation specifically requested by an individual in every circumstance.

Name: _____

Capital ID: _____ Date: _____

Email: _____ Phone: _____

1. In the space below, describe the religious belief, practice or observance that is the basis for your request for a religious accommodation.

2. Does your religious belief, practice, or observance lead you to object to:

- a. All medical treatment: YES NO
- b. All vaccinations: YES NO
- c. Only the COVID-19 vaccination: YES NO

3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 requirement.

4. How long have you practiced this religion? _____

For the Religious/Spiritual Leader: (if applicable)

I am a religious/spiritual leader at _____ and hereby certify that the above information provided by _____ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the COVID-19 vaccine requirement at Capital University.

Religious Leader Signature: _____ Date: _____

Print Name: _____ Religious Organization: _____

For the Requestor (Student/Faculty/Staff): (signature required)

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. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Signature: _____ Date: _____

Parent/Guardian Printed Name (if Student is under 18): _____

Parent Signature: _____ Date: _____