



COVID-19 RELIGIOUS EXEMPTION REQUEST FORM – Revised 4/26/2022

Student Name: _____ DOB: _____

Address: _____ Student ID# _____

City: _____ State: _____ Zip: _____

I request the below listed information be provided to Cayuga Community College in compliance with the State University of New York mandatory COVID-19 vaccine policy. I further understand that this information will be kept confidential.

____ I understand that if I am not fully vaccinated against COVID-19, I may not be eligible to participate in clinicals, internships or other programmatic/curricular requirements needed to graduate from the following academic programs: Nursing, Human Services, OTA, Media Production, Audio Production, Music Production, Telecommunications Technology.

____ I understand that if I am not fully vaccinated against COVID-19, I will need to abide by all COVID-19 related health and safety restrictions in order to access Cayuga Community College campus, including, but not limited to, use of masks, physical distancing, participation in surveillance testing, and quarantine. I am aware that I may be excluded from Cayuga's facilities if the campus is experiencing a community outbreak or high level of positive cases until such time officials determine that the danger of transmission has passed.

____ I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any false information has been used to request an exemption.

Signature: _____ **Date:** _____

Student or Student's Guardian if student is under the age of 18 years

TO BE COMPLETED BY STUDENT, OR BY GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE

Students who hold sincere and genuine religious beliefs contrary to the COVID-19 vaccination may be exempt after submitting a written explanation which must include the following:

- Why you are requesting this religious exemption; **AND**
- How receiving the COVID-19 vaccination conflicts with your sincere religious belief or practice; **AND**
- The religious principle that guides your objection to this vaccination.

Please attach your personal written and signed explanation to this completed form.

Signature: _____ **Date:** _____

Student or Student's Guardian if student is under the age of 18 years

Please email this completed form to: kchaykos@cayuga-cc.edu