

Request for Religious Exemption from COVID-19 Vaccine
Personal Statement Form

Name: _____

Prescott College requires that all students, faculty and staff receive the COVID-19 vaccination to participate in on campus employment and enrollment. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides any requested documentation to support the exemption request.

Individuals with an approved exemption may be required to comply with additional COVID-19 protocols and other preventive requirements as specified in the exemption approval and updates to the Prescott College COVID-19 website. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over. By signing and submitting this request, you agree to compliance with the additional protocols that may be implemented.

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 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: _____

Signature: _____

Date: _____

Religious Organization Statement Form

Name of Observant _____

Name of Religious Organization _____

Religious Organization and Address and Email _____

Name of Religious Leader and Title. _____

For Religious/Spiritual Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID- 19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____