

Request for Religious Exemption
from COVID-19 Vaccine Form

Name: _____

UANET: _____ Email: _____ Phone: _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: kj@uakron.edu

The University of Akron is committed to providing an inclusive and supportive environment for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization. A religious exemption may be granted if (i) the individual holds sincere religious beliefs, practice, or observance that are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemption may request to recertify exemptions each year. Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive health and safety measures.

Your requests will be carefully reviewed, although approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions are final and subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please: _

Religious Exemption from COVID-19 Vaccine
Personal Statement Form

Name: _____

UANET: _____ Email: _____ Phone: _____

In the space below, please provide a personal written and signed statement explaining your religious belief as it pertains to your objections to vaccination, the basis for that belief and how the h v] Å CE vaccination requirement would violate that religious belief. 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: _____