RELIGIOUS EXEMPTION (REQUEST FORM)
MANHATTAN COLLEGE’S REQUIRED PROOF OF COVID-19 VACCINATION

Any Manhattan College community member seeking or renewing a religious exemption to the proof of full COVID-19 vaccination must complete the following for determination of such eligibility:

1) Completion of the Religious Exemption (Attestation Form)
   – Includes: your signature, and the signature from your healthcare provider who has informed you of the risks of COVID-19

2) Completion of this Religious Exemption (Request Form)
   – Includes: written statement, check marks on all additional statements below, your signature, and a signature from your religious leader

Religious exemptions must be requested annually. Please allow up to 10 business days for the review process after the application is fully submitted.

What is the sincerely held religious belief, practice or observance that prohibits you from receiving the COVID-19 vaccination?

Please check to attest to all the statements below:

☐ My religious belief is sincere
☐ My religious belief is not personal
☐ My religious belief is not political
☐ My religious belief is not a medical preference
☐ I will assume the risks and costs associated with not being vaccinated against COVID-19
☐ I will follow any College COVID-19 prevention program that may be in effect each semester
☐ If this exemption is approved, I am aware that I am required to reapply prior to the start of each academic year and complete all required forms
☐ All of the statements above and answers to questions outlined are accurate and hold true to my sincere religious belief

*If all are not checked, the application will be automatically denied

Name (print): ____________________________________________________
Signature: __________________________________________ Date: ____________________

Religious Leader: Please complete the information below and acknowledge that the above-named Manhattan College community member is a member of your religious organization and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination:

Name of Religious Organization: ______________________________________________________________
Religious Leader Name/Title (print): ________________________________________________________
Contact Number: ___________________________________________________________________
Signature: __________________________________________ Date: ____________________