

Request for Religious Exemption

Student's First Name _____ MI ____ Last Name _____

SS# or College ID# _____ DOB _____

Student's Program of Study _____ Concentration/Track _____

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 Vaccination may be exempt after submitting a written statement that explains (1) how receiving the COVID-19 Vaccination conflicts with the student's sincere religious belief or practice, and (2) how not receiving the COVID-19 Vaccination will not otherwise prevent the student's completion of their programmatic or curricular requirements of the academic program. General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.

To request a religious exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to healthrec@sunyrockland.edu. Notification of the College's decision will be provided via your myRCC email account.

Part I. Student Acknowledgements

Please check each box to acknowledge:

While my request is pending, I understand that I must comply with Rockland Community College's COVID-19 health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence on any of the RCC campuses.

I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.

If my request is granted, I understand that I will be required to comply with Rockland Community College's COVID-19 health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) as a condition of my on-going physical presence on any of the RCC campuses. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY and RCC policies.

I certify that my statements above, and all supporting documentation, are true and accurate, and that the receipt of the COVID-19 vaccination may be detrimental to my health.

Student Signature*: _____ Date: _____

**For students under 18 years old as of the first day of classes, a parent or Legal Guardian must sign.*

Please note that Rockland Community College reserves the right to request additional documentation to support a request for a religious exemption.

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Part II. Student Statement

In the space below, please describe the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the SUNY COVID-19 Vaccination Requirement. If additional space is needed, please attach additional pages.

Student Signature*: _____ Date: _____

**For students under 18 years old as of the first day of classes, a parent or Legal Guardian must sign.*

You may attach supporting materials if you so choose. Examples of supporting materials include, without limitation:

- A letter from an authorized representative of the religious institution you attend and/or literature from your religious institution explaining the doctrine and/or beliefs that prohibit COVID-19 immunization.
- Other writings or sources upon which you have relied that inform upon your religious beliefs that prohibit immunization.