



Request for Religious Exemption

To Be Completed By Student

Student Name: _____ Net ID: _____

Date of Request: _____ Date of Birth: _____

I am requesting a Religious Exemption from the CSU Immunization Policy as stated in Executive Order 803. Please initial each of the acknowledgements below:

_____ I herein request a Religious Exemption from CSU Immunization Policy as stated in Executive Order 803 due to my sincerely held religious belief, observance, or practice which includes any traditionally recognized religion, or practices that I sincerely hold and that occupy a place of importance in my life, comparable to that of traditionally recognized religion.

_____ I acknowledge that unvaccinated persons are at increased risk of developing any of the conditions for which immunization is required, if exposed to this disease.

_____ I understand that I may be required to take additional health measures by the University, or the local health authority during outbreaks based on my immunization status. This may include, but is not limited to wearing additional personal protective equipment, such as facial coverings, regular testing, or modification of participation in University in-person activities or attending classes.

_____ I acknowledge that I may change my mind at any time and submit documentation of a completed vaccination series to nullify this exemption.

Attestation

I hereby verify the truth and accuracy of the above declaration and agree that, upon the University's request, I will promptly provide a statement that describes the applicable religious or other comparable belief that is the basis for this Religious Exemption. I confirm that the information that I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty may be subject to consequences under the Student Conduct Code, as outlined in procedures in CSU Executive Order 1098, Student Conduct Procedures or employee discipline pursuant to California Education Code Section 89535.

Student Signature: _____ Date: _____

This form can be returned to Student Health and Counseling Services, or emailed to shcs@csueastbay.edu.