



Spring Semester Due Date: December 15  
Fall Semester Due Date: July 22

## State University of New York at Alfred

### COVID-19 Vaccination Requirement Religious Exemption Request Form

Please email the completed form to: [exemptions@alfredstate.edu](mailto:exemptions@alfredstate.edu)

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 the Exemptions Review Committee at [exemptions@alfredstate.edu](mailto:exemptions@alfredstate.edu). A decision regarding your request will be sent to you via your Alfred State email account.

Note: Forms must be legible. Any form deemed illegible by the committee will be returned to the sender.

LAST NAME	FIRST NAME	STUDENT EMAIL ADDRESS	DATE OF BIRTH	STUDENT ID #:

#### 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.

**NOTE-**Submissions must be an original document authored by the student. Submissions that are not original and can be traced to a website providing drafts of letters will not be accepted.

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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 attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID-19 immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

*Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.*

**Please check each box to acknowledge:**

- The request must be made by the student and cannot be made in the student's stead by other parties.
- While we will accept support letters from other sources, those letters cannot be stand alone documents and instead must accompany the students letter of request.
- While my request is pending, I understand that I must comply with the campus' COVID-19 related 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 in a SUNY Facility.
- 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 the campus' COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. 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 policies.
- I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the COVID-19 vaccination.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.

**Appeals Process:** If you wish to appeal the decision made by the committee, you may do so by emailing said appeal to [exemptions@alfredstate.edu](mailto:exemptions@alfredstate.edu). Appeals may include additional information, clarification, or modification of the previously supplied request. The committee will re-review appeals and provide an updated response to said appeal. If the appeal is based on procedural issues, the Assistance Vice President of Well-being & Student Support will review for procedural errors.