Application for Religious Exemption from Covid-19 Vaccine

Name: ___________________________________ CIIS email: ________________________________
Signature: _______________________________ Date of Application: ____________________

I consent to the review of this form with any accompanying documentation, and hereby grant permission to CIIS personnel to contact to my faith leader, as named below, in case additional information is necessary in order to consider my request. Information about my religious affiliation, including resultant exemption status, will be kept confidential, in accordance with FERPA. Initials: _____________

Personal Statement of religious exemption request (please submit on separate pages):

Please describe your religious beliefs and practices, including the religious organization to which you belong, and your reasons for requesting an exemption to the Covid-19 vaccination requirement. Your statement should be succinct and adequately demonstrate the following: that your beliefs and practices originate from a wider religious community; adherence to religious commitments are an essential component of your participation in that community; your beliefs are sincerely held and consistently guide your life (please provide examples other than abstention from vaccination); and a thoughtful explanation of the ethical tension you experience as a result of your practice of vaccination abstention and your obligation to the collective immunity of community and society. Your reasoning should be reflected in sacred texts and religious authorities’ guidance (please provide references for this, as needed). Personal interpretation of guidance is not sufficient grounds for individual exemption, nor are practices that originate from your family of origin alone.

Verification of religion from a qualified individual:

Name of religious organization leader: ________________________ Title: ________________
Name of religious organization: ___________________________ Phone number: ________________
Email address: ______________________ Address of organization: ______________________
Qualifying Degrees and/or areas of study: ______________________

I certify that I have read the observant’s personal statement and that their attestations are a true and accurate representation of our organization’s beliefs, principles, and practices. I also certify that I have sufficient knowledge that this observant’s beliefs are sincerely held, consistently guide their life, and that their request for exemption is in line with sacred texts and religious authorities’ guidance of our wider organizational structure. I also certify that I am not a relative or personal friend to the observant.

Signature: ________________________________________ Date: ______________________

Email completed forms to: exemptions@ciis.edu