

Request for Religious Exemption: COVID-19 Immunization

Name: _____

PID/UNI: _____ School/Department: _____

University Email: _____ Phone: _____

Columbia University policy requires that all students, faculty, and staff receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds genuine and sincere religious beliefs which are contrary to the practice of immunization, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Columbia University is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of Columbia University.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

A committee including student health, human resources, and religious life staff will carefully review all requests, though approval is not guaranteed. Your name is redacted from your submission before it is shared with the committee. All sensitive medical information will be kept confidential, only shared on a need-to-know basis, and stored separately, consistent with University protocols. Please allow at least 15 business days for your request to be processed and forwarded for committee review. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions of the committee are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Read the [CDC COVID-19 Vaccine Information](#);
- Provide a personal written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to immunization, and the religious basis that prohibits COVID-19 vaccination.
- For students - Columbia does not accept letters or signatures from parents or legal guardians for exemption consideration.
- Completed form (see next page)

- **Obtain and submit documentation on official letterhead from your religious organization that must include all of the following:**
 - **Religious leader's name (not related to you)**
 - **Religious leader's signature**
 - **Name, address, phone number, and email of the religious organization**
 - **Statement of certification that you are a member of the organization in good standing and hold a sincere religious belief**
 - **A detailed explanation from your religious organization supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of COVID-19 vaccines**
- **Attach all supplemental materials; and**
- **Upload the completed documents via the process described on the ReOpenCU app.**

Please note that the University reserves the right to request additional supporting documentation at any time.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.



COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Initial next to each of the statements below:

	I request exemption from the COVID-19 immunization requirement due to my genuine and sincere religious beliefs. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Columbia University to the required immunizations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from University facilities and approved activities (including but not limited to University-owned housing). I agree to comply with these restrictions and accept responsibility for communicating with supervisors, human resources, faculty, and advisors as appropriate to my University affiliation.
	Should I contract COVID-19, I will <u>immediately</u> report it to Columbia University (email to covidtesttrace@columbia.edu) and comply with all isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all Columbia University policies and procedures.
	I understand that, if approved, this exception is only valid for the current academic year, and I am required to resubmit a new request for any subsequent academic year(s).
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to University disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

UNI: _____ Columbia Email: _____

Phone number: _____

By checking this box and typing my name above, I am electronically signing this form.

Date: _____