



State University of New York Corning Community College

COVID-19 Vaccination Requirement
Religious Exemption Request Form

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.

To request a religious exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to healthoffice@corning-cc.edu. A decision regarding your request will be communicated to you by the health office.

Student Information:

Table with 5 columns: 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.

Multiple horizontal lines provided for the student to write their statement.

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:

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 agree to continue weekly Covid testing after the request is granted.**

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.