



University of St. Thomas COVID-19 Vaccine Requirement Religious Exemption Request

1. I hereby certify that vaccination against COVID-19 is contrary to my sincerely held religious belief, practice and/or observance and that no COVID-19 vaccine is available that would not be contrary to that sincerely held religious belief, practice or observance. I, therefore, request a religious exemption to the University's COVID-19 vaccine requirement.
2. I understand that vaccination against COVID-19 is strongly recommended by public health authorities. I understand and assume the risks of non-vaccination.
3. If granted an exemption to the vaccine requirement, I will be subject to University rules related to unvaccinated individuals, which may include mask-wearing requirements, restrictions on university-sponsored travel, social distancing requirements, quarantine requirements, testing requirements and other requirements designed to mitigate the spread of COVID-19. I agree to comply with all university requirements related to mitigating the spread of COVID-19, including requirements that apply solely to unvaccinated individuals.
4. I understand that I may be required to reapply for this exemption for subsequent academic years.
5. I understand that a religious exemption may not be a reasonable accommodation for some employment positions. I agree to provide additional information to the University if requested as part of an individualized process related to my exemption request.

I certify that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked and I may be subject to the University's disciplinary processes if I have provided false information above.

Student Name: _____

UST ID: _____

Student Signature: _____

Date: _____

NOTARY PUBLIC COMPLETE THIS SECTION: Signature and Seal of Notary

Subscribed and sworn before me on the day of _____, 202__:

By: _____

Print Name: _____

My commission expires: _____

County: _____