

**PASADENA AREA COMMUNITY COLLEGE DISTRICT**  
**RELIGIOUS EXCEPTION REQUEST FORM**  
**Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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.

**Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the District website. In the event of an outbreak on or near campus, individuals with exemptions may be excluded from all District facilities and activities, in order to protect all unvaccinated members of the District community, until the outbreak is declared to be over.**

**While the District will carefully review all requests for religious exemptions, approval is not guaranteed.** The District will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Religious exemption process:

- Read the [CDC COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- Have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents.

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

**Initial next to each of the statements below:**

	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the District to the required vaccinations.
	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 District facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors, and human resources as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to Human Resources and comply with all isolation and quarantine procedures specified by the District and remove myself from the District community, if so advised.
	I acknowledge that I have read the <a href="#">CDC COVID-19 Vaccine Information</a> .
	I understand and agree to comply with and abide by all District COVID-19 policies and procedures.
	I understand that, if approved, this exemption is provisional based on the current District COVID-19 vaccination policy and is subject to change based on District requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to District disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ID: \_\_\_\_\_ District Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: \_\_\_\_\_



