



Student Request for Religious Exemption from COVID-19 Testing/Mask Form

Name: _____

UANET: _____

Email: _____ Phone: _____

Exemption requests for: Testing _____ Mask _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: covidexemptionSHS@uakron.edu

The University of Akron is committed to providing an inclusive and supportive environment for all and recognizes true and genuine observance of faith as it pertains to the practice of medical testing or wearing masks. A religious exemption may be granted if (i) the individual holds sincere religious beliefs, practice or observance that are contrary to the practice of medical testing or wearing masks, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

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 other preventive health and safety measures.

Your requests will be carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions 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:

- Complete and sign this form;
- Complete and sign the Personal 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 testing requirement due to my sincere religious beliefs. I understand and assume the risks of not testing or wearing masks. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of testing or wearing masks and release The University of Akron from any and all responsibility and liability.	
Because I have not been tested, in order to protect my own health and the health of the community, I will comply with other preventive guidance.	
I understand that in the event of exposure to an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from The University of Akron's facilities and activities (including but not limited to University owned Residence Halls).	

I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.	
I further understand that restrictions from University facilities, including but not limited to classes and living spaces, does not entitle me to any reduction in tuition, housing charges, or other fees.	
Should I contract COVID-19, I will immediately report it to The University of Akron Student Health Services and comply with all isolation and quarantine procedures from the Summit County Health officials and the University.	
I understand and agree to comply with and abide by all The University of Akron COVID-19 policies and procedures, unless granted an exemption therefrom by the University.	
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 disciplinary action if any of the information I provided in support of this exemption is false.	

Printed Name: _____

Signature: _____

Date: _____

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.

Request for Religious Exemption from COVID-19 Testing/Mask Personal Statement Form

Name: _____

Student ID: _____

Email: _____ Phone: _____

In the space below, please provide a personal written and signed statement detailing the religious basis for your testing/mask objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to testing/masks, and the religious basis that prohibits the COVID-19 testing. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against COVID-19 testing.

Printed Name: _____

Signature: _____

Date: _____