



## Student Request for Religious or Reasons of Conscience Exemption from COVID-19 Vaccine Form

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

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

**SUBMIT COMPLETED FORM AND DOCUMENTS TO: [covidexemptionSHS@uakron.edu](mailto: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 immunization. A religious or conscientious exemption may be granted if (i) the individual holds sincere religious beliefs, practice, or observance that are contrary to the practice of vaccination or holds a sincere moral or philosophical conviction, such as the conviction that health and disease should not be controlled by vaccination, (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 COVID-19 testing and other preventive health and safety measures.

Your requests will be carefully reviewed, although 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:

- Read the CDC COVID-19 Vaccine Information [CDC COVID-19 Vaccine Information](#);
- 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 immunization requirement due to my sincere religious beliefs or sincerely held reasons of conscience. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of vaccination and release The University of Akron from any and all responsibility and liability.	
I will comply with all applicable COVID-19 testing requirements and other preventive guidance issued by the University.	
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, or refund of tuition, housing charges, or other fees.	
Should I contract COVID-19, I will immediately report it to The University of Akron and comply with all isolation and quarantine procedures from Summit County Health officials and the University.	
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 of 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 have provided in support of this exemption is false.	

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

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

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

**Religious or Reasons of Conscience Exemption from COVID-19 Vaccine  
Personal Statement Form**

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

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

In the space below, please provide a personal written and signed statement explaining your religious belief or reason of conscience as it pertains to your objections to vaccination, the basis for that belief and how the University's vaccination requirement would violate that religious belief or reason of conscience. Please attach additional documentation, if necessary

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I certify that my statement above is true and accurate and that I hold a sincere religious belief or sincere reason of conscience that is against the receipt of the COVID-19 vaccination.

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

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

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