



RELIGIOUS EXEMPTION REQUEST FORM

The University of the District of Columbia 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.

Requests for religious exemptions are considered on a case-by-case basis. Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year.

PLEASE SUBMIT THIS FORM TO THE UNIVERSITY HEALTH SERVICES BY

UPLOADING TO: www.udc.studenthealthportal.com or call UHS at 202-274-5030

Name: _____ Date of Birth: _____

Email: _____ Phone No: _____

Department/School: _____ Student ID #: _____

1. In your own words, please provide a statement, explaining why you are seeking an exemption and why the COVID-19 immunization requirement is contrary to your sincerely held religious practice or belief. (You may attach your statement to this form)

2. Please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunization. (You may attach your statement to this form.)

3. In some cases, the University of the District of Columbia may need additional information and/or documentation about your religious practices or beliefs. As such, please provide the name and contact information of your spiritual leader (if applicable).

4. Have you previously requested and or been granted a religious exemption for mandatory vaccination from the University of the District of Columbia?

☐ No

☐ Yes

If Yes, please explain the circumstances of that request:

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination/dismissal and suspension/expulsion students.

I have read and understand the University's policy on religious exemption. My religious beliefs and practices, which result in this request for a religious exemption are sincerely held.

Student's Signature: _____ Date: _____

Print Name: _____

Next Steps

A committee will carefully review all requests. Please allow up to 10 business days for your request to be reviewed.



If more information is needed you will be contacted by email and will have 5 calendar days to submit the requested documentation.

After review, you will be notified in writing if your request has been approved or denied. If you are granted a religious exemption, unless the University approves an alternative arrangement, you will be required to undergo weekly COVID-19 testing in addition to observing all COVID-19 health and safety protocols.

University of the District of Columbia Official Use

Date of initial request: __/__/__

Date certification received: __/__/__

Exemption Request:

☐ Approved: __/__/__

Date Student Notified: __/__/__

☐ Denied __/__/__

Date Student Notified: __/__/__

Describe why exemption is denied _____

Approving Staff Name/Signature

Date: _____