



**State of Connecticut
Department of Public Health
Religious Exemption Statement**

**To claim a religious exemption please complete this form and have it notarized (see below)
SUBMIT TO THE COLLEGE BEFORE ARRIVING ON CAMPUS.**

(Printed full, legal name of student)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 10-204a so that the student may enroll in Connecticut College (school).
2. I am the lawful parent/guardian (if the student is under 18).
3. Immunizing said student would be contrary to the student's parent's guardian's religious beliefs.
4. I understand that by claiming this exemption the student shall be exempt from the immunizations required by Conn. Gen. Stat. §§ 10-204a and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified school, all susceptible students, including the student above, will be excluded from the school if a public health official determines that the school is a significant site for disease exposure, transmission, and spread into the community. In such case, such students, including the student above, shall be excluded from the school until (1) the public health official determines that the outbreak danger has ended; (2) the student becomes ill with the disease and completely recovers from it; (3) the student is vaccinated according to public health protocol; or (4) the student has proof of immunity to the disease.

Student Signature of Student Date _____ Name

Parent(s)/Guardian(s) Signature of Parent(s)/Guardian(s) Date (if student is under 18) (if student is under 18) _____ Name(s) of

(Street & House or Apt. no.) Telephone(s) no. _____ Address

City, State and Zip Code

ACKNOWLEDGEMENT

STATE OF _____ :

: ss:

COUNTY OF _____ :

On this the ____ day of _____, _____, before me, _____ the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand.

Judge

Family Support Magistrate

Clerk/Deputy Clerk (include seal)

Town Clerk

Notary Public My Commission expires (_____)

Justice of the Peace

Commissioner of the Superior Court (bar no. _____)

School Nurse (license no. _____)