



**COVID-19 VACCINATION  
RELIGIOUS EXEMPTION REQUEST FORM**

Coppin State University is committed to building an inclusive, equitable and diverse campus community. If your religious beliefs or practices conflict with the USM and CSU COVID-19 vaccination requirement, please provide the following information.

***Basic Information***

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

***For employees:***

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

***Preferred Contact Information (Please complete):***

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Please explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations. (Use space on page 3 & use additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***At your option, or upon our request for additional information, you may provide the following certification from religious organization leadership.***

***For Religious/Spiritual Leader:***

I am a religious/spiritual leader at \_\_\_\_\_ and hereby certify that the above information provided by \_\_\_\_\_ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the COVID-19 vaccine requirement at Coppin State University.

Religious Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Religious Organization: \_\_\_\_\_



***Verification and Accuracy***

I verify that the above information I have provided 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 which may include termination/dismissal (faculty/staff) and suspension/expulsion (students). My request for an exemption from the COVID-19 vaccination requirement is based upon my religious beliefs. I understand that my request for an exemption may not be granted if it creates an undue hardship for the University.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**CSU ID No.:** \_\_\_\_\_

**Signature of Parent or Guardian (<18 years of age):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confidentiality of Information Provided**

Requests for exemptions and any documents provided will be kept confidential and shared only with those university employees who have a need to know.

***Summary of Next Steps***

1. This request will be reviewed and acknowledged by the Office of Student Affairs (students) and the Office of Human Resources (faculty and staff).
2. You will be notified of the decision regarding your requested religious exemption.
3. If you are granted a religious exemption, you will be required to undergo COVID-19 testing in addition to observing all COVID-19 health and safety protocols.
4. Coppin State University will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact the Office of Human Resources (for faculty/staff) and the Office of Student Affairs (for students).

**FOR CSU USE ONLY**

**Date Received** \_\_\_\_\_

**Initials of Recipient** \_\_\_\_\_

**Documentation Attached?**  Yes  No



**SPACE FOR SUPPLEMENTAL INFORMATION**

Name \_\_\_\_\_

**FOR CSU USE ONLY:** (To be completed by Office of Student Affairs (Students) or OHR (Faculty/Staff))

Exemption Granted?    Yes    No   If no, explain why?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date