



**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 Students:

Classification: _____ Title: _____

Major: _____ 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 Vice President of Enrollment Management & Student Affairs (students).
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 the Vice President of Enrollment & 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