

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

**SPECIAL NOTE: REVIEW OF RELIGIOUS EXEMPTION REQUEST FORMS WILL BEGIN ON JUNE 1, 2021. REQUESTS WILL BE REVIEWED IN THE ORDER IN WHICH THEY ARE RECEIVED.**

In accordance with federal and state laws that allow exemptions to vaccination for religious reasons, if your religious beliefs or practices conflict with the USM and UMD COVID-19 vaccination requirement, please provide the information below.

Requests for religious exemptions are considered on a case-by-case basis.

**Basic Information (required)**

Name : \* \_\_\_\_\_ Date : \_\_\_\_\_ 06/07/2021  
I am  Student  Faculty  Staff UID : \* \_\_\_\_\_

For Employees (required):

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

**Contact Information (required)**

Phone Number : \* \_\_\_\_\_ Email : \* \_\_\_\_\_  
Mailing Address : \* \_\_\_\_\_  
\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
City State Zip Code

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.

\* \_\_\_\_\_

2. Please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations.

\*

3. In some cases, UMD 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 Maryland? \*  No \*  Yes

If Yes, please explain the circumstances of that request :

5. Verification and Accuracy

- a. 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 (faculty/staff) and suspension/expulsion (students).
- b. My request for an exemption from the COVID-19 vaccination requirement is based upon my sincerely-held religious practice and/or beliefs.
- c. 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 : \*

If under 18 years of age :

Signature of Parent or Guardian :  Date :

Print Name :

6. Summary of Next Steps

- a. You will be notified of the decision regarding your requested religious exemption.
- b. If you are granted a religious exemption, unless the University approves an alternative arrangement, you will be required to undergo regular COVID-19 testing (the frequency of the testing will be determined by the University) in addition to observing all COVID-19 health and safety protocols.

UHR Signature : \_\_\_\_\_ Date : \_\_\_\_\_

UHC Signature : \_\_\_\_\_ Date : \_\_\_\_\_

SAMPLE