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: 06/07/2021

Print Name: * ___________________________________________

☐ If under 18 years of age:

Signature of Parent or Guardian: __________________________ Date: 06/07/2021

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: ___________________________