

Nassau Community College

**COVID-19 Vaccination Requirement
Religious Exemption Request Form**

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 Vaccination may be exempt after (1)submitting a written statement responding to the questions listed below that explains how receiving the COVID-19 Vaccination conflicts with the student’s sincere religious belief or practice, and (2)certifying that not receiving the COVID-19 Vaccination will not otherwise prevent the student’s completion of programmatic or curricular requirements of their academic program.

To be eligible for a religious exemption, you must establish that your objection to the COVID-19 vaccine is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exemption if it is based upon personal preference, concerns about the possible effects of the vaccine, general philosophical or moral objections, or political opinions.

To request a religious exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to aao.exemptions@ncc.edu . A decision regarding your request will be communicated through your NCC Student email. Please be sure to write your NCC Student email legibly below.

Student Information:

LAST NAME	FIRST NAME	STUDENT EMAIL ADDRESS	DATE OF BIRTH	STUDENT ID #:

Student Statement:

In the space below, respond to the following questions so that the College can ascertain the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the SUNY COVID-19 Vaccination Requirement. If additional space is needed, please attach additional pages.

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.

2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.

3. How long have you held the religious belief underlying your objection?

4. Do you object to all vaccines, or only to the COVID-19 vaccine? If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to the COVID-19 vaccine.

5. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

You may attach supporting materials if you so choose. Examples of supporting materials include, without limitation:

- A letter from an authorized representative of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID19 immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.

Please check each box to acknowledge:

While my request is pending, I understand that I must comply with the campus' COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence in a SUNY Facility.

I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.

If my request is granted, I understand that I will be required to comply with the campus' COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.

I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the COVID-19 vaccination.

Signature*:

Date:

*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.