

NEW YORK

Request for Religious Exemption from COVID-19 Vaccination Requirement Form		
Student Name	Date of Birth	Adelphi ID no.
This form and the signed "Acknowledgment of Risk and Agreement" must be returned to the Adelphi University Health Services Center, Waldo Hall, One South Avenue, P.O. Box 701, Garden City, NY 11530-0701, USA, faxed 516.877.6008, or uploaded to the Health Portal in your eCampus account under COVID vaccine card.		
Adelphi University policy requires that all students be fully vaccinated against COVID-19. A religious exemption to immunization may be granted when a person has a sincerely held religious belief, observance, or practice contrary to the practice of immunization. In order to receive a religious exemption, students must submit this form and a signed "Acknowledgement of Risk and Agreement."		
Below to be filled out by student requesting a religious exc	amntion	
Please provide a statement describing how receiving the COVID-19 vaccine conflicts with your religious beliefs:		
By signing this form, I hereby attest that the information is University may, in its sole discretion, exclude me from camp defined by law, or in the event of an outbreak of a disease is students granted religious exemptions may be subject to te	pus unless I can be provided for which immunization is re	with a reasonable accommodation, as quired. Furthermore, I understand that
required of vaccinated students. Student Signature	Date	
X	Date	
Parent Signature (REQUIRED IF STUDENT IS UNDER AGE 18 ONLY)	Date	
X		