



COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST

The University maintains COVID-19 Vaccination Requirements for University members, including students, faculty, staff, graduate assistants, graduate or undergraduate student workers, adjuncts, professionals in training, and health sciences residents and fellows. If being vaccinated against COVID-19 would violate your sincerely held religious belief, practice, or observance, you may be exempted from the requirement to be vaccinated by completing and submitting the second page of this form.

The University needs the information on this form to document your affirmation that that vaccination against COVID-19 is contrary to your sincerely held religious belief, practice, or observance. While you are not legally required to provide this information, if you do not do so, you may be in violation of the University's policies and requirements. Personally identifiable information you provide will be treated as private.

If you are a student, consequences for not providing this information include being prohibited from registering for classes. Deliberately supplying false, misleading, or incomplete information is a violation of the Student Conduct Code. The information may be shared with school officials who have an administrative need for the information, including University academic support, health and safety, information technology, and legal and policy compliance personnel, and others specifically authorized access by federal or state law.

If you are now, or later become a faculty or staff member, graduate assistant, graduate or undergraduate student worker, adjunct, professional in training, or health sciences resident or fellow, consequences for not providing this information or for deliberately supplying false, misleading, or incomplete information include employment discipline, up to and including discharge. If this employment is with a unit of the University that is covered by regulations of the Centers for Medicare and Medicaid Services (CMS), additional information may be required. The information you provide may be shared within the University of Minnesota to the extent that an employee of the University needs the information to perform their job. This may include staff with roles in health and safety, human resources, information technology, and legal and policy compliance. Information may also be shared with individuals outside the University who are authorized to have access under federal or state law. For individuals who are health sciences learners, including residents and fellows, information provided under this policy may also be shared with school officials who have a legitimate educational interest in the information, including academic support personnel, and others authorized by law.

If you submit this form by the date specified by the University, the University will grant contingent approval pending review of your submission. Following that review, the University may require additional information, or may deny your request. Such a request or denial will give you a reasonable period of time in which to provide the requested information or become fully vaccinated.

Instructions

You must sign this form in front of a notary public, the notary must also sign this form, and you must upload a photograph or scan of the following page of this form as instructed by the University.



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Affirmation

By completing and submitting this form, I affirm that vaccination against COVID-19 is contrary to my sincerely held religious belief, practice, or observance, not simply my personal preference or belief regarding the safety or effectiveness of vaccination against COVID-19, and that no COVID-19 Vaccine is available that would not be contrary to that sincerely held religious belief, practice, or observance.

Certification

I certify that the affirmation I am providing as stated above is complete and accurate. If I am a student, I understand that deliberately supplying false, misleading, or incomplete information is a violation of the Student Conduct Code. If I am or later become covered by University of Minnesota employment policies, including those covering student workers, I understand that any intentional misrepresentation contained in my exemption request could result in disciplinary action under the University of Minnesota’s policies. I further understand and agree that if this request is denied that I will need to be fully vaccinated on the timetable directed by the University. I agree the information I have supplied may be used to verify my compliance with the University's vaccination requirements and agree to comply with the University's testing requirements and other COVID-19 safety protocols while I am employed at the University.

Signature: _____ Date: _____

NOTARY PUBLIC COMPLETE THIS SECTION:

State of _____

County of _____

Signed and certified before me on _____ [date]

by _____ [signer]

SEAL

Notary: _____

My commission expires: _____