

# DUTCHESS COMMUNITY COLLEGE

## Religious Exemption Request for SUNY COVID 19 Vaccination Requirements-Enrollment in credit courses

Please read and follow all instructions to avoid delay or completion of the request.

**Submission Deadline: One week prior to the start of the semester.**

**Include in Email Subject Line: Full Name, Religious Exemption.**

**Allow up to five business days for review and response to your request.**

To request a religious exemption from the SUNY COVID -19 vaccination mandate, **you must complete this form including certification, use your own SUNY Dutchess email and submit it to [yaxexemption@sunydutchess.edu](mailto:yaxexemption@sunydutchess.edu).** If you do not use the [yaxexemption@sunydutchess.edu](mailto:yaxexemption@sunydutchess.edu) email address or do not file by the deadline, *your request will not be processed.* A decision regarding your request will be sent to your DCC email and will only be communicated to the student making the request. **Religious exemption requests are reviewed by a DCC committee and all decisions are final.**

Per SUNY Policy, all students who plan to attend in-person classes and/or utilize in-person services at a SUNY facility or campus must provide evidence of receiving a full vaccination series (i.e., both doses of a two-dose series, and booster vaccination when eligible) of any COVID-19 vaccination or have provided proof that they have completed the full vaccination series.

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 vaccination may be considered for an exemption only after submitting a **completed** request that includes the following:

- Part I: Completed Form including student information and certification
- Part II: The student's written statement in the student's own words that explains (1) how receiving the COVID-19 vaccination conflicts with the student's genuine and sincere religious beliefs or practices, and (2) how foregoing the COVID-19 vaccination will not otherwise prevent the student's completion of their programmatic or curricular requirements of the academic program.

**General philosophical or moral objections to vaccines shall not suffice as a basis for religious exemption.**

You may also include the following to support your request.

- Part III: Supporting Party Statement: A written statement from an authorized representative (include name, title, and contact information) of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID-19 immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

*The campus reserves the right to ask for additional documentation to support a request for religious exemption.*

### Student Information:

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

### Please check each box to acknowledge:

- 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.

Name of Program: \_\_\_\_\_

- If my religious exemption request is granted, I understand I will be required to comply with the campus's

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COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, weekly surveillance testing, [What Students Need to Know](#)) if accessing a SUNY facility or campus. I am aware that, should a COVID-19 outbreak occur at the campus or I test positive or I am indicated as a close contact by a confirmed positive, I may be excluded from the campus and other SUNY facilities, excluded from all in-person classes and activities that require a physical presence on campus, and I may not be able to complete my academic coursework remotely. I acknowledge that my right to any refund in the event of a COVID-19 outbreak will be subject to all existing SUNY and college policies.

If my religious exemption request is granted and I fail to continue to comply with the campus's COVID-19 related health and safety protocols, I can face Student Code of Conduct charges. Outcomes for such violations can range from verbal warnings to termination of exemptions to removal from face-to-face coursework and on-campus presence, and administrative withdrawal.

If my religious exemption request is granted, I understand that I am fully responsible for my health, and I fully assume any and all risks associated with not receiving immunizations/vaccinations and that Dutchess Community College cannot be held responsible for my actions in this matter.

If my religious exemption request is granted, I understand that the exemption is effective only for the upcoming semester, and the exemption applies only to Dutchess Community College and not to any other organization or program. The exemption will not apply in any internship/externship/clinical rotations or placements that may require specific immunizations/vaccinations or policies. In addition, I understand that I may need to contact the DCC department/program chair in reference to specific accommodations for my program regarding a religious exemption.

If my previous request was granted, I understand that if I did not comply with the campus's COVID-19 related health and safety protocols (e.g.: mask/face coverings, social distancing, weekly surveillance testing) if accessing a SUNY facility is a condition of my on-going physical presence, I may not be eligible for another approved exemption.

I certify that my statements above, and in 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. False statements on these documents could result in Student Code of Conduct charges. Outcomes for such violations can range from termination of exemptions to removal from face-to-face coursework and on-campus presence, and administrative withdrawal.

I have read and understand all information above and the necessary planning to enroll in credit courses before the start of the semester and understand winter holiday college closures or emergency weather closings will impact the timeline.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Legal Guardian Full Name

\_\_\_\_\_  
[Please print legibly]

Parent/Guardian Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Part II: Written Statement by Student  
*Please attach or use the space below.*



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Part III: Optional Supporting Party Statement or Other Supporting Writings/Sources  
*Please attach or use the space below.*