

# COLGATE UNIVERSITY

## REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

This form is for your use in applying for a religious exemption to New York State Public Health Law immunization requirements. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief. Philosophical, political, scientific, or sociological objections to immunizations do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3 (d), which requires the submission of:

A written and signed statement from the student (parent if under 18) stating that the student (or parent) objects to the administering of immunization, due to sincere and genuine religious beliefs which prohibit same; in which case the Director of Student Health Services or the person in charge may require supporting documents. Please provide a written statement explaining the religious basis for your request and provide, if you choose, other supporting materials. This statement **must** address **all** of the following:

- Explain in your own words why you are requesting this religious exemption
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations and if not, the religious basis that prohibits particular immunizations.

Please sign in the space provided below **in the presence** of a notary public.

*I hereby affirm the truthfulness of the attached statement and have received and reviewed the informational immunization materials provided to me by Colgate University.*

Student Signature (Parent if under 18):  
\_\_\_\_\_

**Notary Public Seal/Stamp**

Date: \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

Upon review, you will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.

Reviewer's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Request Approved: \_\_\_ Denied: \_\_\_ Date: \_\_\_\_\_

If denied, specific reason(s) for denial: