



Student Request for Religious Exemption from COVID-19 Vaccine

Name: _____

PSC Email: _____ Phone: _____

Paul Smith's College requires all students starting programs in the Fall 2022 semester to be fully vaccinated against COVID-19. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination and (ii) completes this form. The College is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the College website. In the event of an outbreak on campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared over.

This document pertains to religious exemption requests. The College does not entertain philosophical, political or sociological objections to immunizations.

The request will be reviewed by members of the Health & Safety Committee of the COVID Task Force. After your request has been reviewed and processed, you will be notified, by email, if your request has been granted or denied. Decisions are final and not subject to appeal.

To submit a request, please:

- Read the [CDC COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- [Optional]: You may have your religious leader send a separate letter; and
- Upload your documents to [the Student Health Portal](#)

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each statement below:

	I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Paul Smith’s College with respect to the required vaccination.
	I understand that since I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from College facilities and approved activities (including but not limited to College housing). I agree to comply with these restrictions and agree to communicate with my faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from College facilities, including but not limited to classes and living spaces, does not entitle me to any reduction in tuition, housing charges, or other College fees.
	Should I contract COVID-19, I will immediately report it to Student Health Services (email to healthservices@paulsmiths.edu) and comply with all isolation and quarantine procedures specified by the college and remove myself from the College community if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all College COVID-19 policies and procedures.
	I understand that, if approved, this exception is only valid for the current academic year, and I am required to resubmit a new request for subsequent academic year(s).
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked, and I may be subject to the institution’s disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

