

## SAN FRANCISCO COMMUNITY COLLEGE DISTRICT SARS-C<sub>0</sub>V-2 (COVID-19) VACCINATION REQUIREMENT RELIGIOUS EXCEPTION REQUEST FORM

This form should be used by San Francisco Community College District ("District") students and employees to request an Exception to the District's COVID-19 vaccination requirement based on a sincerely held religious belief.

Please check one:	☐ Student	☐ Employee
Name:		Student ID/Employee ID:
Phone Number:		District Email:
I,requirement due to 1	my sincere religiou	, request exemption from the COVID-19 vaccination us beliefs.
COVID-19 vaccinat religious principle(s	ion objection, exp ) that guide your o	a written statement detailing the religious basis for your laining why you are requesting this religious exemption, the objections to vaccination, including any religious doctrine or vaccination. Please attach additional documentation, if
I certify that my stat prevents me from re		ue and accurate and that I hold a sincere religious belief that D-19 vaccination.
Printed Name:		
Signature:		
Date		