SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
SARS-CoV-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, ________________________________, request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs.

In the space below, please provide a written statement detailing the religious basis for your COVID-19 vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, including any religious doctrine or belief that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

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I certify that my statement above is true and accurate and that I hold a sincere religious belief that prevents me from receiving the COVID-19 vaccination.

Printed Name: ________________________________
Signature: ___________________________________
Date: _______________________________________
