

COLGATE UNIVERSITY

**REQUEST FOR RELIGIOUS EXEMPTION TO COVID-19
VACCINE**

(please print clearly)

DATE: _____

NAME: _____ DEPARTMENT: _____

PHONE NUMBER: _____

Please describe in your own words your sincerely held religious belief and how it relates to your decision not to receive the COVID-19 vaccination.

Is your concern strictly with the COVID-19 vaccination or have you refrained from receiving any flu, measles, mumps or rubella vaccinations in the past due to your sincerely held religious belief?

The completed form must be submitted to Human Resources (benefits@colgate.edu). You may be contacted for clarification or for more information. Requests will be reviewed. A confirmation will be sent to you if approved.

Signature _____