

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM
STUDENT/PARENT/GUARDIAN STATEMENT

Name of Student _____

Student Identification Number _____

Name of Parent(s)/Guardian(s) _____

(If Student is younger than 18 years of age)

This form is for your use in applying for a religious exemption to Public Health Laws 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 immunization 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 parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child’s immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.

In the area provided below, please write your statement. The statement **must** address **all** of the following elements:

- 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 no, the religious basis that prohibits particular immunizations.

You may attach to this form additional written pages or other supporting materials if you so choose. Examples of such materials are listed on page 3.

Request for Religious Exemption to Immunization Form – Parent/Guardian statement (continued)

Please sign in the space provided below and have the document notarized by a notary public where indicated.

I hereby affirm the truthfulness of the forgoing statement and have received **and** reviewed the informational immunization materials provided to me by my child’s school.

Signature of Student

Date

Signature of Parent/Guardian (if student is under 18)

Date

Sworn to before me this _____ day of _____

Notary Public Seal Required:

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 College President within thirty (30) days of the decision, pursuant to Education Law, Section 310.

Request for Religious Exemption to Immunization Form *(continued)***SECTION BELOW FOR SCCC USE ONLY**

If, after review of the parental statement, questions remain about the existence of a sincerely held religious belief, Department of Health regulation [10 NYCRR, Section 66-1.3(d)] permits the principal to request supporting documents. Some examples include:

- A letter from an authorized representative of the church, temple, religious institution, etc. attended by the parent/guardian, literature from the church, temple, religious institution, etc. explaining doctrine/beliefs that prohibit immunization (Note: one need not necessarily be a member of an organized religion or religious institution to obtain a religious exemption);
- Other writings or sources upon which the parent/guardian relied in formulating religious beliefs that prohibit immunization;
- A copy of any previous statements to healthcare providers or school district officials in a district of prior residence explaining the religious basis for refusing immunization;
- Any documents or other information the student may be willing to provide that reflect a sincerely held religious objection to immunization (for example: disclosure of whether ??? have been immunized, parent/guardian's current position on allowing himself or herself or his/her children to receive or refuse other kinds of medical treatment.)

Reviewer Name _____

Indicate Result of Request Review:

APPROVED **Date of Approval** _____

DENIED **Date of Denial** _____

State Specifically Reason(s) for Denial:
