THE UNIVERSITY OF THE STATE OF NEW YORK

THE STATE EDUCATION DEPARTMENT

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

Name of Student _____

Date of Birth _____ Student ID # _____

This form is for your use in applying for a religious exemption to Public Health Law 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). Requirement for religious exemption include:

1) A written and notarized statement from the student, stating the objection of immunizations due to sincere and genuine religious beliefs which prohibit immunization. **Please be as specific as possible about your religious beliefs against immunizations.**

2) TC3 may request supporting statements from your religious organization, religious leader or health care provider. Examples of such are:

   - A letter from an authorized representative of the religious organization attended by the student, literature from the religious organization explaining doctrine/beliefs that prohibit immunization;

   - Other writings or sources upon which the student relied in formulating religious beliefs that prohibit immunization;

   - A copy of any student 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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

I hereby affirm the truthfulness of the foregoing statement and have received **and** reviewed the informational immunization materials provided to me by Tompkins Cortland Community College. I understand in the case of an outbreak I may be asked to be excluded from classes or campus.

_____	_____	_____
Student Name (Print)	**Student Signature**	**Date**

Sworn to before me this _____ day of _____ _____

Notary Public Seal

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