



Student Request for Religious or Reasons of Conscience Exemption from COVID-19 Vaccine Form

Name: _____

UANET: _____ Email: _____ Phone: _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: covidexemptionSHS@uakron.edu

The University of Akron is committed to providing an inclusive and supportive environment for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization. A religious or conscientious exemption may be granted if (i) the individual holds sincere religious beliefs, practice, or observance that are contrary to the practice of vaccination or holds a sincere moral or philosophical conviction, such as the conviction that health and disease should not be controlled by vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year. Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive health and safety measures.

Your requests will be carefully reviewed, although approval is not guaranteed. ~~Act 131~~ ~~Act 13~~ ~~Act 1313~~

Initial next to each of the statements below:

<p>I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs or sincerely held reasons of conscience. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of vaccination and release The University of Akron from any and all responsibility and liability.</p>	
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I will comply with all applicable COVID-19 testing requirements and other preventive guidance issued by the University.

