

**REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION**

# The University of Maryland, Baltimore County is committed to building an inclusive and welcoming campus environment.

# If your religious beliefs or practices conflict with the UMBC COVID-19 vaccination requirement, please provide the following information.

**Please print the following information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor** (for employees)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations. (You may use space on page 3 and **attach additional written pages or other supporting materials if you so choose.** Some examples of supporting materials are listed on page 2.)

***Verification and Accuracy***

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action which may include termination/dismissal (employees) and suspension/dismissal (students). My request for an exemption from the COVID-19 vaccination requirement is based upon my religious beliefs. I understand that my request for an exemption may not be granted if it creates an undue hardship for the University.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMBC ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian (if <18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Confidentiality of Information Provided**

Requests for exemptions and any documents provided will be kept confidential and shared only with those university employees who have a need to know.

**Upload this form at https://covid19.umbc.edu/vaccine-exemption/**

***Summary of Next Steps***

1. This request will be reviewed and acknowledged by the Vaccination Exemption Review Committee.
2. If after reviewing the request, the Vaccination Exemption Review Committee is unable to make a determination because of inadequate information or questions remain about the religious nature or the sincerity of a particular belief or practice, the Vaccination Exemption Review Committee may, at its sole discretion, request additional information. **Some examples of additional/supporting information may include:**

 • A letter from religious/spiritual leader, member, or person with personal knowledge from the religious organization attended by the requestor explaining the doctrine/beliefs that prohibit all immunizations and/or the COVID-19 immunization;

 • Literature from the religious organization or other writings and sources upon which the requestor has relied in formulating their religious beliefs that prohibit all immunizations and/or the COVID-19 immunization;

 • Copies of previous statements submitted to other employers, institutions of higher education, and/or school districts explaining the requestor’s religious basis for refusing immunization; and

 • Any documents or other information the requestor may be willing to provide that reflect their sincerely held religious objection to immunization and/or the COVID-19 immunization.

1. After review, you will be notified of the decision regarding your requested religious exemption.
2. If you are granted a religious exemption, you will be required to undergo COVID-19 testing (the frequency of the testing will be determined by the University) in addition to observing all COVID-19 health and safety protocols and will be informed of any additional accommodations.
3. UMBC will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact the Vaccination Exemption Review Committee.

If you feel this decision by the Vaccination Exemption Review Committee violates your civil rights, you may file a discrimination complaint with the UMBC Office of Equity and Inclusion. Complaints may also be filed with the U.S. Department of Education Office for Civil Rights (students) or U.S. Equal Employment Opportunity Commission (employees).

**SPACE FOR SUPPLEMENTAL INFORMATION**

**Name**