

**COVID-19 VACCINATION  
RELIGIOUS EXEMPTION REQUEST FORM**

Morgan State University is committed to building an inclusive, equitable and diverse campus community. If your religious beliefs or practices conflict with the University's vaccination requirement, please complete this form and upload this to our secure Vaccination portal found on our [www.morgan.edu/coronavirus](http://www.morgan.edu/coronavirus) site.

Confidentiality of Information Provided - Requests for exemptions and any other documents provided will be kept confidential.

**REQUESTOR**

**NAME**

**DATE OF BIRTH**

**EMAIL**

**PHONE NUMBER**

**BELOW FOR FACULTY AND STAFF ONLY**

**DEPARTMENT**

**TITLE**

**IMMEDIATE SUPERVISOR**

**SUPERVISOR'S PHONE#**

Please explain in your own words why you are seeking a religious exemption. Please provide the religious principles that guide your objection to immunization and indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations.

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The following certification may be required if there is an objective basis for questioning the religious nature of the request. You may also secure the certification voluntarily as part of your submission regardless of whether it is subsequently requested.

**FOR RELIGIOUS/SPIRITUAL LEADER**

I am a religious/spiritual leader at \_\_\_\_\_ and hereby



certify that the above information provided by \_\_\_\_\_ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the COVID-19 vaccine requirement at Morgan State University.

Religious Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Religious Organization: \_\_\_\_\_

**FOR THE REQUESTOR (Student/Faculty/Staff)**

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 (faculty/staff) and suspension/expulsion (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 is unreasonable or creates an undue hardship for the University.

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

**Printed Name:** \_\_\_\_\_

**MSU ID:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_