

# COVID-19 Religious Exemption Form

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please identify your sincerely held religious belief, practice or observance that is the basis for your request for religious accommodation:

Please briefly explain how your sincerely held religious belief, practice or observance conflicts with the COVID-19 vaccine mandate:

***Based on my sincerely held religious belief, practice, or observance, I am requesting a religious exemption in connection with the Hartnell College COVID-19 vaccination mandate.***

***If my Religious Exemption Request is approved, I will submit to COVID-19 required testing as determined by Hartnell College.***

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Signature

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Date