State University of New York at Fulton-Montgomery Community College (FMCC)

COVID-19 Vaccination Requirement
Religious Exemption Request Form

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 Vaccination may be exempt after submitting a written statement that explains (1) how receiving the COVID-19 Vaccination conflicts with the student’s sincere religious belief or practice, and (2) how not receiving the COVID-19 Vaccination will not otherwise prevent the student’s completion of their programmatic or curricular requirements of the academic program. **General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.**

To request a religious exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to FMCC Office of the Registrar. A decision regarding your request will be released through FM student email.

**Student Information:**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>STUDENT EMAIL ADDRESS</th>
<th>DATE OF BIRTH</th>
<th>STUDENT ID #</th>
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**Student Statement:**

In the space below, please describe the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the SUNY COVID-19 Vaccination Requirement. If additional space is needed, please attach additional pages.

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FMCC may also require additional documentation to support a request for a religious exemption. Examples of supporting materials include, without limitation:

- A letter from an authorized representative of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID-19 immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

*Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.*

Please check each box to acknowledge:
☐ While my request is pending, I understand that I must comply with the campus’ COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence in a SUNY Facility.

☐ I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.

☐ If my request is granted, I understand that I will be required to comply with the campus’ COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.

☐ I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the COVID-19 vaccination.

Signature*: ________________________________ Date: ___________

*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.