

# Request and Certification: Religious Exemption from COVID-19 Vaccine Requirement

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

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Name \_\_\_\_\_

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Email: \_\_\_\_\_ Phone \_\_\_\_\_

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## INSTRUCTIONS

**For consideration of a religious exemption, students must submit this signed form (without changes) and also provide a written signed statement including all of the following:**

- Stating that the student holds sincere and genuine religious beliefs contrary to COVID-19 vaccination. Objections based on personal beliefs, sociological grounds, morals or philosophy fall outside the scope of religious exemption.
- Demonstration of the genuineness and sincerity of the student's religious beliefs.
- Explanation of the specifics of the religious principles that form the basis of the objection to the vaccination. The explanation must include whether the student objects to all vaccinations, and if not, what the religious basis is for objecting to any COVID-19 vaccines in particular.
- Attachment of a signed written statement from the religious organization to which the student belongs supporting the basis of the religious beliefs which are contrary to vaccination; if this is not possible, the student must explain why it is not possible.

New York Institute of Technology reserves the right to request additional information or supporting documentation and to withdraw approval for the exemption at any time.

New York Institute of Technology will not accept or consider statements or signatures from parents or legal guardians for religious exemption requests, except for students under 18 years of age. In such a case, both the student and parent/guardian must review and sign the applicable documentation and this form as indicated below.

### By signing and submitting this form, you are:

- Acknowledging your understanding of the risks of non-vaccination and that you have been informed of the value of immunization (including the CDC COVID-19 vaccine information) and knowingly and voluntarily decline to have such immunization;
- Accepting full responsibility for your health, and holding New York Institute of Technology harmless with respect to your requested exemption from the required vaccination;
- Acknowledging and agreeing that if exempted you may be subject to additional preventive measures such as screening, testing, social distancing, quarantining, isolation, mask wearing and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated individuals and that this treatment is based solely on your unvaccinated status;
- Acknowledging and agreeing that if exempted, then solely due to your unvaccinated status, you may be excluded from certain campus activities/ residence halls, and that any such exclusion does not entitle you to any reduction in tuition or other associated charges or university fees;
- Acknowledging, in the case of medical and health professions students, that you assume the full risk and responsibility that you may be denied access to participating in required and voluntary clinical rotations and patient care experiences, which may affect your ability to complete requirements for graduation;
- Acknowledging that for your own safety and the safety of the campus community, you may be removed from campus if the COVID-19 infection rate reaches a critical threshold as determined by the New York Institute of Technology Chief Medical Officer or public health authorities, and
- Certifying that the information and supplemental documents that you have submitted in connection with this exemption request are accurate and complete.

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## Student

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ MM/DD/YYYY

*If student is under 18, parent or guardian must also sign below:*

Parent/Guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ MM/DD/YYYY

Parent/Guardian's Phone and Email: \_\_\_\_\_