
Request for a Religious Exemption to Sacramento State Immunization Requirements

Student Name	Date of Request
Student ID #	Date of Birth

I am requesting a Religious Exemption from the CSU Immunization Policy as stated in Executive Order 803.

Please initial each of the acknowledgements below:

<input type="checkbox"/>	I herein request a Religious Exemption from CSU Immunization Policy as stated in Executive Order 803 due to my sincerely held religious belief, observance, or practice which includes any traditionally recognized religion, or practices that I sincerely hold and that occupy a place of importance in my life, comparable to that of traditionally recognized religion.
<input type="checkbox"/>	I acknowledge that unvaccinated persons are at increased risk of developing any of the conditions for which immunizations are required, if exposed to any of these diseases.
<input type="checkbox"/>	I understand that I may be required to take additional health measures by the University, or the local health authority during outbreaks based on my immunization status. This may include, but is not limited to wearing additional personal protective equipment, such as facial coverings, regular testing, or modification of participation in university in-person activities or attending classes.
<input type="checkbox"/>	I acknowledge that I may change my mind at any time and submit documentation of a completed immunization series and nullify this exemption

ATTESTATION

I confirm that the information that I have provided is accurate and truthful to the best of my knowledge.

I understand that I will be subject to review and action under the Student Code of Conduct for failure to comply with health safety measures.

Student Signature

Date