



STUDENT ACKNOWLEDGEMENT

By completing this form, I am declaring that my sincerely held religious beliefs prevents me from accepting the COVID-19 vaccination. I certify that the information that I have provided is accurate. **Lastly, I acknowledge that I understand that the requested accommodation may not be granted.**

___ Clearly printed/typed and completed all information.

PARENT/GUARDIAN SIGNATURE (IF STUDENT UNDER 18)

DATE

STUDENT SIGNATURE

DATE

Please email this form to the Health Center. Late submissions and/or incomplete submissions may affect approval process.