

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

The Pennsylvania Academy of the Fine Arts (PAFA) is committed to building an inclusive and welcoming campus environment.

If your religious beliefs or practices conflict with PAFA's COVID-19 vaccination requirement, please provide the following information.

Name:	Date of Birth:
E-mail:	Phone #:
objection to immunization, and pleas religious basis on which you object to	y you are seeking a religious exemption, the religious principles that guide your e indicate whether you are opposed to all immunizations, and if not, the COVID-19 immunizations. (You may attach additional written pages or other s. Some examples of supporting materials are listed on page 2.)
Verification and Accuracy	
understand that any intentional misre may include suspension/dismissal. M	have provided is complete and accurate to the best of my knowledge, and I epresentation contained in this request may result in disciplinary action, which y request for an exemption from the COVID-19 vaccination requirement is based and that my request for an exemption may not be granted if it creates an undue
Signature:	Date:
Print Name:	
Signature of Parent or Guardian (in	f <18 years old)
Print Name:	Date:

Confidentiality of Information Provided

Please print the following information:

Requests for exemptions and any documents provided will be kept confidential and shared only with those university employees who have a need to know.

Summary of Next Steps

Scan and send this completed form to pafahealth@pobox.pafa.edu.

- 1. This request will be reviewed and acknowledged by the College.
- 2. If after reviewing the request, the College is unable to make a determination because of inadequate information or questions remain about the religious nature or the sincerity of a particular belief or practice, the College may, at its sole discretion, request additional information. **Some examples of additional/supporting information may include:**
 - A letter from religious/spiritual leader, member, or person with personal knowledge from the religious organization attended by the requestor explaining the doctrine/beliefs that prohibit all immunizations and/or the COVID-19 immunization;
 - Literature from the religious organization or other writings and sources upon which the requestor has relied in formulating their religious beliefs that prohibit all immunizations and/or the COVID-19 immunization;
 - Copies of previous statements submitted to other institutions of higher education, and/or school districts explaining the requestor's religious basis for refusing immunization; and
 - Any documents or other information the requestor may be willing to provide that reflect their sincerely held religious objection to immunization and/or the COVID-19 immunization.
- 3. After review, you will be notified of the decision regarding your requested religious exemption.
- 4. If you are granted a religious exemption, you will be required to undergo COVID-19 testing (the frequency of the testing will be determined by the College) in addition to observing all COVID-19 health and safety protocols and will be informed of any additional accommodations.
- 5. PAFA will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact the Dean of Students.

If you feel this decision by the College violates your civil rights, you may file a discrimination complaint with the Office of Institutional Safety and Equity.