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**COVID-19 Vaccine Religious Exemption Request Form**

**Confidential**

Instructions: A request for a religious exemption from the COVID-19 vaccine requirement at Lenoir-Rhyne University may be submitted by a new student or employee. This application should be submitted as quickly as possible, but prior to the first day of class or the employee start date is required. Students will submit their forms online though Dynamic Forms. Employees will submit their form to the Office of Human Resources.

**Section I: to be completed by the requestor or guardian (if under 18)**

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| **Requestor Information** |
| Last Name: First Name: MI: |
| LRU ID #: |
| Email Address: |
| Phone Number: |

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| Print Name: |
| Signature:  *Guardian if under 18*  Date: |

**Section II: Religious Exemption Request (to be completed by requestor)**

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| **Request for Religious Information**: Process Information and Instructions |
| 1. Please fully complete this form and include the following relevant information:  * Name of Religion * Name and Address of religious organization and person (s) who can provide supportive information, description of religious doctrines/practices that would not prevent COVID-19 vaccination. |
| 1. If the adherence to a seriously held bona fide religious belief are contrary to the COVID-19 vaccine requirement, consideration for an exemption from the vaccine will be considered. The individual (or guardian, if under 18) must submit a written statement of the bona fide religious belief and opposition to the COVID-19 immunization. |
| 1. Lenoir-Rhyne University reserves the right to request additional information and documentation, including third party verification. |
| 1. Failure to provide truthful and sufficient information in support of the request for exemption may result in denial of the request. |
| 1. Please enter your statement in the space provided below. Additional documentation may be submitted through Dynamic Forms or Paycom. |

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| **Requester Statement of Seriously Held Bona Fide Religious Beliefs** |

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| Print Name:  Date:  Signature:  (Guardian if under 18) |