



## COVID-19 Vaccination Request for Religious Exemption Form

In accordance with HPU's COVID-19 Vaccination Policy for Students, students who are required to be vaccinated may request an exemption if they cannot receive the vaccine because of a sincerely held religious belief, practice, or observance. Note: At this time, Hawai'i Pacific University accepts vaccines approved for use by the World Health Organization or U.S. Food and Drug Administration.

**Student Information:**

<b>Student's Name:</b>	<b>Student's Date of Birth:</b>
<b>Student's Home Address:</b>	<b>City:</b> <b>State:</b> <b>Zip Code:</b>
<b>HPU Student ID Number:</b>	

To request an exemption on the basis of a sincerely held religious belief, practice, or observance, please describe below: (i) your religious belief, practice or observance and (ii) how this prevents you from receiving a COVID-19 vaccination. All requests will be evaluated on a case-by-case basis. You may attach additional pages as needed. *Optional: You may attach additional support such as a letter from a religious leader or practitioner or religious materials to support your request.*



**By Signing Below:** I certify that this vaccination conflicts with my sincerely held religious belief, practice, or observance. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from HPU with respect to required vaccinations.

**Please initial below to represent the following understandings.**

**I understand:**

- \_\_\_\_\_ that this form may not be used for personal or philosophical reasons.
- \_\_\_\_\_ by not receiving a vaccination, I may be at greater risk of becoming ill due to COVID-19.
- \_\_\_\_\_ the risk of transmitting the disease to others and my social responsibility if a third party becomes ill.

If this exemption is approved, I understand that I will be required to comply with University safety protocols, rules, policies and procedures for unvaccinated students. I will comply with such University requirements, including mandatory testing. I agree to comply with all University policies and will immediately report any illness and comply with all isolation and quarantine requirements.

In addition, the University may establish additional rules to protect the public health and safety or in response to applicable local or state orders. These rules may limit my continued participation in campus activities, events or programs. I will not be entitled to any reduction in tuition, housing and meal fees or other charges and hereby release the University from any and all claims related to the above.

**By signing below, I hereby certify that the statements, documents and information provided herein are true and accurate.**

<b>Signature of Student:</b>	<b>Print Name:</b> <b>Date:</b>
<b>Signature of Parent/Guardian for Student under 18:</b>	<b>Print Name:</b> <b>Date:</b>