



**RIO HONDO COMMUNITY COLLEGE DISTRICT
STUDENT RELIGIOUS EXCEPTION REQUEST
Exception to SARS-CoV-2 (COVID-19) Vaccination Requirement**

Full NAME	Student ID #
PHONE NUMBER	EMAIL
Date of Birth	Address

Rio Hondo Community College District ("District") policy requires all faculty, staff and students submit proof of a receipt a COVID-19 vaccine. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. The District is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere and genuine observance of faith which prohibits immunization.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Students with approved exemptions may request to recertify exemptions each year. If the individual is under the age of 18, an attestation should be signed by both the Students and their parent/guardian.

In the event of an outbreak on or near campus, individuals with exemptions may be excluded from all District facilities and activities, in order to protect all unvaccinated members of the District community, until the outbreak is declared to be over.

While the District will carefully review all requests for religious exemptions, approval is not guaranteed. The District will carefully review each request and determine if the request should be granted. After a request has been reviewed and processed, the student will be notified in writing, if an exemption has been granted or denied. Denials can be appeal by following the appeal process ([AP LINK](#)). Students are permitted to reapply if new documentation and information should become available.

Please note that requesting a religious immunization exemption does not equate to a religious accommodation.

Religious exemption process:

- Complete and sign the following page of this form;**
- Have your religious leader complete the Religious Organization Statement Form; and**
- Submit the completed documents on AccessRio portal – Home tab.**

FOR RIOUSE ONLY		
Date Received: _____	Date Approved: _____	Date Denied: _____
Reviewer Name (Print): _____		Reviewer Signature: _____



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Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address and Email: _____

Name of Religious Leader and Title: _____

For Religious Leader: In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please provide literature from the religious institute explaining doctrine/beliefs that prohibit immunization as well as other writings or source from which the observant formulated the religious belief that prohibits immunizations. Please attach additional documentation, if necessary.

Multiple horizontal lines for writing the statement.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____



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Individual or Parent/Guardian (if individual is less than 18 years old)

By signing this Religious Exemption Request, the student, and, if a minor, their parent or legal

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guardian, attests that they cannot receive a COVID-19 vaccination because of the sincerely held religious belief, practice, or observance described above. Students and, if a minor, their parent or legal guardian, acknowledges that an unvaccinated individual is at greater risk of becoming ill with COVID-19.

The undersigned understands this Religious Exemption Request and has had the opportunity to ask questions about it. The undersigned verifies the truth and accuracy of the statements in this Religious Exemption Request.

Student Signature: _____

Parent/Guardian Signature (if individual is under 18 years old): _____