



Student Request for Religious Exemption from Mandatory Covid-19 Immunization

Section I – Instructions

ECC’s policy is to require all students to receive a COVID-19 vaccination. A student may be exempt from vaccination if the submission to vaccination is contrary to the student’s religious beliefs.

For consideration of exemption to ECC’s immunization compliance policy, please complete Sections II through IV below. In Section II, please detail the religious basis of your objection, explaining why you are requesting this religious exemption and explaining how this requirement conflicts with your religious beliefs. ECC does not accept letters or signatures from parents or legal guardians for exemption consideration, unless you will be under 18 years of age on the first day of the program.

Please complete this form and return it to Enrollment Services. Additionally, please note, submitting this request does not guarantee approval. Upon review, you will be notified in writing if the exemption has been granted. At any time, ECC reserves the right to request additional supporting documentation.

Section II – Student Information

- a) Name of Student (Last, First): _____
- b) Primary Phone: _____
- c) ECC Email Address: _____
- d) ECC ID#: _____
- e) Signature: _____
- f) Date: _____

Section III – Student Explanation

- 1) Please provide a detailed description explaining why the COVID-19 vaccine requirement interferes with your religious beliefs.

- 2) Please provide any additional information that you would like to share.

Section IV – Verification of Truthfulness And Promises

- By signing this form, I verify that all of the information that I have provided is truthful and accurate. If I have provided any false information, I understand that I will be subject to ECC’s disciplinary procedures.
- I waive any claims against ECC for contracting an illness that may be preventable by a Covid-19 vaccine.
- I understand that in the event of an outbreak, threatened outbreak, health crisis, pandemic or campus health or local epidemic, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other ECC fees.

- If I test positive for Covid-19, I will immediately report the positive test to the appropriate staff at ECC and comply with the isolation and quarantine procedures.
- I understand and agree that I am subject to ECC's mask/face covering mandate unless I qualify for a medical exemption to the same.
- I further understand and agree that while I am unvaccinated for COVID-19, I am subject to mandatory weekly COVID-19 testing (PCR test) and will submit my weekly test results to ECC.

By signing below, I verify that I have read this exemption form, understand it, agree to the statements in it, and have provided truthful and accurate information.

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| Printed Name of Student (Last, First) | |
| Signature: | Date: |

FOR MINORS ONLY

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|---|--------------|
| Printed Name of Parent/Guardian (Last, First): | |
| Signature: | Date: |
| Parent/Guardian Phone Number: | |
| Parent/Guardian Email Address | |

Section V – To be completed by the College

Date this Request Form Received in Enrollment Services: _____

Interactive Discussion Date(s) if applicable: _____

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required: If Exemption/Accommodation not granted, explain why:

Name of College Representative: _____

Signature of College Representative: _____

Date: _____