

## University of Hartford – Religious Exemption Statement

To request a religious exemption, this form must be on file with the University of Hartford by August 31, 2021. Upon completion of this form, it must be emailed to [hcdccovid@hartford.edu](mailto:hcdccovid@hartford.edu).

Please note that requesting a religious exemption is a two-step process. **Step 1** is completing this form and having it notarized. **Step 2** will be a meeting with a medical provider to discuss the risk and responsibilities of remaining non-immunized. Once both steps are complete, you will be notified by September 7, 2021, as to whether this request for an exemption has been approved.

If your request is not approved and the time remaining does not allow enough opportunity to be fully vaccinated before returning to campus, we will work with you.

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Printed full, legal name of student

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Student ID Number

I, the undersigned, do hereby swear or affirm, as the case may be, as follows:

1. I am requesting this religious exemption to the COVID-19 vaccine so that I may enroll at the University of Hartford.
2. Getting immunized against COVID-19 would be contrary to my religious beliefs.
3. I understand that if my request for an exemption is approved, I will not be required to be immunized against COVID-19.
4. I understand the risks of being non-immunization in a campus [congregate dense living] setting and have had an opportunity to discuss this with a medical provider. If my application is approved and I am not vaccinated, I release the University of Hartford and its trustees and employees from all responsibility for any resulting injury or illness. In the event of an outbreak of a contagion or if I contract a vaccine-preventable disease, I understand that I may be excluded from campus, course work, and be required to isolate or quarantine at a place away from campus. I understand that this exclusion will be at my own expense and missing academic work is the responsibility of the student and family.

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Name of Student

Signature of Student

Date

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Name of Parent/Guardian if student is under 18

Signature of Parent/Guardian

Date

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Address

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Phone Number

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## Acknowledgement (Must be notarized)

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Notary Public My Commission expires (\_\_\_\_\_)