REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

Name of Student: ____________________________________________________________

Student DCC Identification Number: _________________________________________

This form is for your use in applying for a religious exemption to Public Health Laws immunization requirements. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief.

☐ I hold sincere and genuine religious beliefs that prohibit immunization.

Signature of Student ____________________________________________ Date ______

Signature of Parent/Guardian (if student is under 18) Date ______

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