

**St. Lawrence University Request Form for Religious Exemption/Accommodation
Related to COVID-19 Vaccine**

To Be Completed by Employee Requesting Religious Accommodation:

Name: _____

Email: _____

Date of Request: _____

Please explain why you are requesting an Exemption/Accommodation:

In some cases, St. Lawrence University will need to obtain additional information and/or documentation about your religious beliefs and/or practices. Also, the University may need to discuss the nature of your religious beliefs and practices, as well as your requested accommodation, with your religion's spiritual leader or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your religious beliefs and need for an accommodation? _____ Yes _____ No

If No, please explain why: _____

Verification

I verify that the information I am submitting in support for my request for an accommodation is complete and accurate to the best of my knowledge and I understand that any misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on St. Lawrence University.

Print Name: _____

Date: _____

Signature: _____