

COMPTON COMMUNITY COLLEGE DISTRICT
SARS-CoV-2 (COVID-19) VACCINATION REQUIREMENT
RELIGIOUS EXCEPTION REQUEST FORM

This form should be used by Compton Community College District ("District") students and employees to request an Exception to the District's COVID-19 vaccination requirement based on a sincerely held religious belief.

Please check one: Student Employee

Name: _____ Student ID/Employee ID: _____

Phone Number: _____ District Email: _____

I, _____, request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs.

In the space below, please provide a written statement detailing the religious basis for your COVID-19 vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, including any religious doctrine or belief that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that prevents me from receiving the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____

**COMPTON COMMUNITY COLLEGE DISTRICT
SARS-CoV-2 (COVID-19) VACCINATION REQUIREMENT
RELIGIOUS EXCEPTION REQUEST FORM – RELIGIOUS LEADER**

Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address: _____

Religious Organization Email: _____

Name of Religious Leader: _____

For Religious Leader:

In the space below, please provide a written 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 attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that _____ 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 vaccine.

Printed Name: _____

Signature: _____

Date: _____