**PERALTA COMMUNITY COLLEGE DISTRICT   
RELIGIOUS EXCEPTION REQUEST FORM**

**FOR COVID-19 VACCINATION**

**Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement**

**Student Information**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s ID Number: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Based on my sincerely held religious belief, practice, or observance, I am requesting an exception to the Peralta Community College District’s COVID-19 vaccination requirement as a religious accommodation.**

Please identify your sincerely held religious belief, practice, or observation that is the basis for your request for an exception as a religious accommodation.

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Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the District’s COVID-19 vaccination requirement.

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Please provide any additional information that you thin may be helpful in processing your religious accommodation request.

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While my request is pending, I understand that I must comply with all other COVID-19 prevention requirements (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals under District policy, and county, state, and local public health directives. If my request is granted, I understand that I will be required to comply with COVID-19 prevention requirements, other than vaccination, as specified.

I verify the truth and accuracy of the statements in this request form.

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Student’s Signature Date