

## Non-Medical Exemption Form (Religious Belief, Practice or Observance)

Name:	Student ID Number:
Email:	Phone Number:
	ation due to a religious belief, practice or observance, you must (i) hold ontrary to the practice of immunizations, (ii) complete this form, and request for exemption.
	comply with testing and other preventive requirements as specified in break on or near campus, individuals holding exemptions may be activities.
To submit a request, please:	his form;
you within five business days with the decision. C	ad your experience and how this policy impacts you. We will contact ompleted requests must be sent directly to the Office of Rights, <a href="mailto:ca@alaska.edu">ca@alaska.edu</a> or by fax at 907-474-5273. Printed copies are available bility on the 3 <sup>rd</sup> floor of Constitution Hall.
Requesting Immunization Exemption for:AthleticsResidence Life (high-density housing)Class:Other:	
Personal Statement	
Please provide a personal statement detailing the immunization. Please attach additional docume	ne religious belief, practice or observance contrary to the practice of entation, if necessary.

## **Applicable rules:**

- Exemption from the immunization requirement is only available for sincere religious belief, practice or observance. Individuals granted an exemption assume the risks of not being immunized and will not hold the University liable for injury, harm, or financial losses resulting from a lack of required immunizations.
- In the event an individual contracts a contagious pathogen (whether or not they are immunized) the University may have to implement restrictive measures to prevent transmission to others. Measures may include but are not limited to, restrictions from in-person classes/activities and housing reassignment. Such measures will be tailored to the least restrictive option while maintaining a safe environment for the campus community. Every effort will be made to afford ongoing access to classes, activities, facilities, and housing. In the event that access has to be discontinued, the individual will have an opportunity to request a full or partial refund of the associated tuition, fees, or rent. However, one risk associated with forgoing preventative measures (for example, immunization requirements, social distancing requirements, or masking requirements) is the chance a determination will be made that some or all of the individual's financial losses are their own responsibility.
- Approved exemptions are only valid for seven years (the university retention period). An exemption beyond seven years will require reapproval.
- An approval of this form only grants an exemption to the immunization requirements. All other university policies and procedures must be followed unless a separate exemption is granted.

I certify that the information provided with this request is accurate and complete. I understand this exception may be revoked and I may be subject to university disciplinary action if any of the information I provided in support of this exemption is false or misleading.

Student Printed Name:	_
Signature:	
Signature of Parent/Guardian if the student is under age 18:	
Date:	
OFFICE USE ONLY	
Approved Denied Approved/Reviewed By:	
Comments:	