

# SUNY Adirondack Office of Records and Registration

**ADDRESS:** 640 Bay Road, Queensbury, NY 12804-1445  
**CALL:** 518.743.2279 | **FAX:** 518.832.7601 | **EMAIL:** [registrar@sunyacc.edu](mailto:registrar@sunyacc.edu)

## REQUEST FOR RELIGIOUS EXEMPTION TO MEASLES, MUMPS and RUBELLA IMMUNIZATION FORM

Students who hold genuine and sincere religious beliefs that are contrary to Public Health Law requirements vaccination requirements may be exempt after submitting a personally written statement, in one's own words based on the requirements below. To request a religious exemption from the Department of Health (DOH) regulation 10 NYCRR, Section 66-1.3 (d) vaccination requirement, please complete this form and submit it to the Office of Registration and Records. A decision regarding your request will be released through your campus wolfmail account.

### STUDENT INFORMATION:

---

**LAST NAME, FIRST NAME**

**DOB**

**STUDENT ID NUMBER**

### STUDENT STATEMENT:

Please respond to the questions below, if additional space is needed, please attach additional pages. General philosophical or moral objections to vaccines, articles/other media sources opposing vaccines, or copies of writing done by someone else may not be used as part of any exemption request.

1. How receiving the vaccination conflicts with your sincere religious belief or practice by:

a. Describing the nature and tenets [the doctrine, principle or position] of your religious belief

b. Describing the practices, rituals and observances of your religious belief

c. Sharing when, where and how you have adhered or embraced the religious belief or practice

d. Providing names of others who may have observed one's past adherence to your religious belief or practice

2. How not receiving the vaccination will not otherwise prevent completion of your programmatic or curricular requirements of the academic program.

*Please note that the campus reserves the right to request additional documentation to support this request.*

I hereby affirm the truthfulness of the forgoing statement and acknowledge the immunization information shown from the Center for Disease Control at <https://www.cdc.gov/vaccines> or the NYS Department of Health at <https://www.health.ny.gov/prevention/immunization/>.

It is understood that I fully assume any and all risks associated with my lack of compliance with this requirement. I understand I may be kept out of classes during the course of a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes will vary depending on the disease, and can range from several days to more than a month. The College holds no liability for any missed instruction, course(s) attendance policy compliance and associated financial consequences.

I understand that if, after review of the student statement, questions remain about the existence of a sincerely held religious belief, per Department of Health regulation [1- NYCRR, Section 66-1.3 (3)] the College may request supporting documents as listed in the college catalog (<http://catalog.sunyacc.edu/admissions/immunizations>).

---

**STUDENT SIGNATURE\***

**DATE**

\*Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.