



## COVID-19 Vaccination Requirement Declaration of Religious Exemption

Student Name: \_\_\_\_\_

CSUN ID Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ATTESTATION

I herein request a Religious Exemption from the CSU Vaccination requirement as stated in the [COVID-19 Vaccination Interim Policy](#), dated July, 29 2021, due to (please select below which basis for exemption applies):

- ☐ My sincerely held religious belief, observance, or practice which includes any traditionally recognized religion.
- ☐ My beliefs, observances, or practices that I sincerely hold and that occupy a place of importance in my life, comparable to that of traditionally recognized religion.

*Note: Students exempted from vaccination in Fall 2021 must participate in weekly COVID-19 PCR testing (nasal and throat swab) while this request is being processed.*

I hereby verify the truth and accuracy of the above declaration and agree that, upon the University's request, I will promptly provide a statement that describes the applicable religious or other comparable belief that is the basis for this Religious Exemption.

I understand that in the case of a COVID-19 (SARS-CoV-2) outbreak, for everyone's health and safety, I may be temporarily excluded from classes and/or campus activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_