SANTA BARBARA COMMUNITY COLLEGE DISTRICT RELIGIOUS EXCEPTION REQUEST FORM Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

Name:	
ID:	Department:
District Email:	Phone:
for your vaccination object religious principle(s) that gui	vide a personal written and signed statement detailing the religious bas on, explaining why you are requesting this religious exemption, the le your objections to vaccination, and the religious basis that prohibitese attach additional documentation, if necessary.
I certify that my statement a against the receipt of the COV	ove is true and accurate and that I hold a sincere religious belief that D-19 vaccination.
	
Date:	