SANTA BARBARA COMMUNITY COLLEGE DISTRICT RELIGIOUS EXCEPTION REQUEST FORM

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

Name of Observant:
Name of Religious Organization:
Religious Organization Address and Email:
Name of Religious Leader and Title:
For Religious Leader:
In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary.
I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.
Printed Name:
Signature:
Date:

Once you have completed this document, all four pages must be submitted.