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

Name: ________________________________________________________________________

Email: ________________________ Phone: _________________________________________

In the space below, please provide a personal written and signed statement detailing the
religious basis for your vaccination objection, explaining why you are requesting this
religious exemption, the religious principle(s) that guide your objections to vaccination,
and the religious basis that prohibits the COVID-19 vaccination. Please attach additional
documentation, if necessary.

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I certify that my statement above is true and accurate and that I hold a sincere religious
belief that is against the receipt of the COVID-19 vaccination.

Printed Name: ________________________________________________________________

Signature: ___________________________________________________________________

Date: ________________________________________________________________________