



**Student Immunization Requirement
Religious Exemption Request Form**

To request a religious exemption from the [College’s immunization \(vaccination\) requirements](#), please complete and sign this form and submit it to the Associate Dean of Student Affairs on your designated home campus. Students must complete the religious exemption form at least one week prior to the start of the class but are recommended to complete the form prior to course registration.

- *Ammerman Campus:* ammermanstudentaffairs@sunysuffolk.edu
- *Eastern Campus* easternstudentaffairs@sunysuffolk.edu
- *Michael J. Grant Campus* grantstudentaffairs@sunysuffolk.edu

Students who hold genuine and sincere religious beliefs that are contrary to required vaccinations may be exempt after submitting a written statement that explains (1) how receiving the vaccination conflicts with the student’s sincere religious belief or practice, and (2) how not receiving the vaccination will not otherwise prevent the student’s completion of their programmatic or curricular requirements of the academic program. General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.

Exemption requests are evaluated on a case-by-case basis; approval is not guaranteed. Decisions will be communicated to students via their College email. If the approved exemption contains an expiration date, you will be expected to complete the vaccination requirement at that time or submit a new request with updated information in order to continue to be exempt from the vaccination requirement. Decisions are final; however, individuals may reapply if new information should become available.

If you do not receive an exemption, you must comply with vaccination requirements to enroll in on-campus classes. Please refer to the [Health Services webpage](#) for more detail. Students remain subject to communicated add/drop and refund deadlines.

Student Information:

LAST NAME	FIRST NAME	STUDENT EMAIL ADDRESS	DATE OF BIRTH	STUDENT ID #:

Student Statement:

In the space below, please describe the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the vaccination requirements. If additional space is needed, please attach additional pages.

Central Administration
533 College Road
Selden, NY 11784-2899
(631) 451-4112

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(631) 451-4110

Grant Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 548-2500

You may attach supporting materials if you so choose. Examples of supporting materials include, without limitation:

- A letter from an authorized representative of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.

Please check each box to acknowledge:

While my request is pending, I understand that I must comply with SUNY and Suffolk County Community College's vaccine-related health and safety protocols (including but not limited to use of a face covering/mask, physical distancing, participation in weekly surveillance testing, and quarantine) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence on campus.

I certify that I have confirmed with my academic program that not receiving the required vaccinations will not prevent the completion of my programmatic or curricular requirements.

If my request is granted, I understand that in the event of an outbreak on campus, I may be excluded from all in-person classes and activities, and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of an outbreak would be subject to all existing SUNY and College policies, as applicable.

I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the required vaccinations.

Signature*: _____ Date: _____

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

Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, equal pay compensation-sex, national origin, military or veteran status, domestic violence victim status, criminal conviction or disability in its admissions, programs and activities, or employment. For more information and grievance procedures, please see www.sunysuffolk.edu/nondiscrimination.