

**Request for Accommodation  
Religious Exemption from COVID-19 Vaccine**

To request a religious exemption from Catawba College’s mandatory COVID-19 vaccine requirement, please complete Section 1, below. Students return this form to [healthcenter@catawba.edu](mailto:healthcenter@catawba.edu), and employees e-mail this form to [hr@catawba.edu](mailto:hr@catawba.edu).

**SECTION 1**

**Name:** \_\_\_\_\_

**Catawba ID#** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I request a religious exemption from Catawba College’s mandatory COVID-19 vaccine requirement. I verify the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge. I understand any falsified information will lead to disciplinary action in accordance with the Student Code of Conduct or the Employee Handbook.

Describe the religious belief or practice necessitating this request for accommodation:

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Describe any alternate accommodations that might address your needs:

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Length of time the accommodation is needed: \_\_\_\_\_

I have read and understand Catawba College’s vaccination requirement regarding medical and religious accommodation. I understand Catawba may need to obtain supporting documentation regarding my religious practice and beliefs to evaluate my request for a religious accommodation. I understand Catawba may not grant the exemption requested above, but if I qualify for the exemption Catawba will attempt to provide a reasonable accommodation not creating an undue hardship on Catawba or endangering the health and safety of the Catawba community

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CATAWBA COLLEGE USE ONLY**

Date Request Received: \_\_\_\_\_

Date Certification Received: \_\_\_\_\_

Accommodation Request:

Approved: \_\_\_\_\_

Describe specific accommodation details:

\_\_\_\_\_

\_\_\_\_\_

Denied: \_\_\_\_\_

Describe reason(s) accommodation denied:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_