



**RELIGIOUS EXEMPTION / ACCOMMODATION REQUEST
RELATED TO COVID-19 VACCINATION**

**** NOTE ****

In order to ensure a prompt review of your request, this form **must** be completed, accompanied by the appropriate documentation identified below, and submitted to the University's Student Affairs Office (if a student) or Human Resources Department (if an employee) **at the same time**. Failure to submit this form, together with the other required documentation, may result in a delayed evaluation of your request and impede the University's ability to timely provide the requested exemption and accommodation.

Clark Atlanta University (the "University") is committed to providing equal employment and educational opportunities without regard to any protected status and a work and educational environment that is free of unlawful harassment, discrimination, and retaliation. As such, the University is committed to complying with all laws protecting students' and employees' religious beliefs and practices. When requested, the University will provide an exemption/reasonable accommodation for students' and employees' sincerely held religious beliefs and practices which prohibit the student or employee from receiving a COVID-19 vaccine, *provided the requested accommodation is reasonable and does not create an undue hardship for the University or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residence halls (if applicable) and/or to the requesting student or employee.* To request an Exemption/Accommodation related to the University's COVID-19 vaccination requirement, please complete this form and return it to Student Affairs (if a student) or Human Resources (if an employee). This information will be used by Human Resources, Student Affairs or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If a student or employee refuses to provide such information, such a refusal may impact the University's ability to adequately understand the individual's request or effectively engage in the interactive process to identify possible accommodations.

Name (Student or Employee): _____ 900 #: _____ Date of Request: _____

Email Address: _____ Phone Number: _____

Please provide **all three** items listed below:

- A written summary explaining or describing why the requester identified above is seeking a Religious Exemption/Accommodation (*Use additional paper, if needed*):

- A letter of attestation from the requester's religious leader. (NOTE: The letter must be on the religious leader's letterhead and include the religious leader's complete mailing address, phone number, website address or email address, title and signature.)
- A completed and notarized "Affidavit of Religious Objection to COVID-19 Vaccination".

In some cases, the University may need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s). The University may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, housing facilities and/or to me, or if it creates an undue hardship on the University.

Signature (*Student, if 18 years of age or older, or Employee*): _____

Required if Student is Under the Age of 18: Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____



AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION

_____ [Print Employee or Name of Student (or if student is under the age of 18, Student's Parent or Legal Guardian)] personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.
2. I understand that Clark Atlanta University requires all students and employees to be vaccinated and provide documented proof of vaccination against COVID-19 before being enrolled at the University and/or allowed to routinely appear on campus full time for the Spring 2022 academic semester.
3. I understand that Clark Atlanta University has determined:
 - a. that the required vaccination is necessary to prevent the spread of COVID-19 among students and employees of the University;
 - b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required vaccinations are at least 85% effective in preventing the spread of COVID-19 and have therefore been given emergency use authorization by the FDA;
 - c. that a student or employee who does not receive the required vaccination is at increased risk of contracting COVID-19 while on campus; and
 - d. that a student or employee who does not receive the required vaccination is at risk of spreading COVID-19 to me, to other students or employees at the University, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objectionsto this vaccination are **not** based solely on grounds of personal philosophy, preference orinconvenience.
5. **APPLICABLE ONLY TO PARENTS OR LEGAL GUARDIANS OF STUDENTS UNDER THE AGE OF 18:**
 - a. I am the parent and/or legal guardian to _____ (Print Student's Name Here) whose 900 # is _____, and I make this affidavit in reference to and on behalf of said student.
 - b. I sincerely affirm that vaccination is contrary to the religious beliefs held by my student and me, and that my and my student's objectionsto this vaccination are **not** based solely on grounds of personal philosophy, preference orinconvenience.
6. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities, including student housing facilities (if a student), during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination required by the University, and that I may still be required to later receive the vaccination if required by the Georgia Department of Public Health as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).
7. I further understand and accept that, should the University grant my religious exemption/accommodation request, I will be required to follow the University's safety protocols designed to mitigate the spread of COVID-19 and its variants while on CAU's campus. Such protocols may include, without limitation, the requirement to frequently and properly wear face masks while on the University's premises.

Sworn and subscribed before me:

I certify that the foregoing is true and correct.

This ____ day of _____, 20__.

This ____ day of _____, 20__.

Notary Public

Affiant's Signature

My commission expires: _____