chatham UNIVERSITY

2022-2023 Academic Year
Request for Religious Exemption from COVID-19 Vaccine Requirement

Student/Employee Section
Complete the following information

Affirmed name _____   Legal last name _____

Student/Employee ID _____

E-mail Address _____

Best Phone Number _____

I, _____, am a student/employee at Chatham University and am seeking an exemption from the COVID-19 vaccine because of the following sincerely held religious belief:

_____

_____

_____

Signature _____   Date _____

Please complete one of the following witness options to complete your waiver request.

Witness Section (Option 1)
A religious leader or designated clergy must complete the section below. Forms completed by the student/employee **will not** be accepted.

Name of Religious Leader or Clergy _____

Signature of Religious Leader or Clergy _____   Date _____

Telephone Number _____

Witness Section (Option 2)
A notary public must complete the section below. Forms completed by the student/employee **will not** be accepted.

State of _____ , County of _____.

The foregoing instrument was acknowledged before me on this _____ of _____, 2022 (date)

by_____ (name of person acknowledging).

NOTARY SEAL

_____
Signature of Notary Public

My commission expires _____ (date)