

Request for a Religious Accommodation

As part of our commitment to campus safety, all students, faculty, staff, volunteers, independent contractors, and staffing agency employees are required to be up to date on their COVID-19 vaccination based on CDC guidance. Individuals whose sincerely held religious beliefs prohibit them from receiving the vaccine may be eligible for an accommodation, depending on the circumstances. In order to be considered for an accommodation, please fully complete and return this form to VaccineAccommodation@stolaf.edu or addressed to

COVID-19 Vaccination Accommodations
Tomson 250
1520 St. Olaf Ave.
Northfield, MN 55057

Name: _____ Date of Request: _____

- Student
- Staff
- Faculty
- Vendor Employee

1. Identify your sincerely held religion or religious belief.

2. Describe how receiving a COVID-19 vaccine conflicts with your religious beliefs. Please be as specific as possible in describing your religious belief and how it supports your request for an exception.

3. Have you received other vaccinations, such as the influenza (flu) shot? If so, how do your religious beliefs distinguish between the COVID-19 vaccine and other vaccines you may have received?

If you have documentation or other authority you would like to share that will help us understand your religious beliefs and practices and how the COVID19 vaccine conflicts with those beliefs, please feel free to share those with us. Likewise, if there is a religious or spiritual leader who you believe might help us understand your religious beliefs and practices as they relate to the COVID19 vaccine that you would like us to speak to, if necessary, please feel free to provide their contact information.
Are you attaching any supporting documents to this request? ___Yes ___ No

4. If requested, can you obtain documentation or other authority to support the need for an exception based on your religious practice or belief? Yes No

If no, explain why:

Evaluation Process

The purpose of this form is to evaluate your sincerely held religious objections to receiving the COVID-19 vaccine and determine whether any reasonable accommodations may be necessary. The decision to provide an accommodation and the nature of the any accommodation that may be provided will be influenced by numerous factors, including your specific needs, the nature of your work, and the safety considerations of you and the other members of the St. Olaf community.

Verification and Accuracy

I verify that I have a sincerely held religious belief(s) or practice(s) that prevents me from taking the COVID-19 vaccine as described above. I understand that St. Olaf College may request further information from me regarding my religious practices and beliefs to further evaluate my request for an exception from receiving the COVID-19 vaccination.

Signature: _____

Date:

Print Name: _____