

Student Information:			
Last Name		First Name and Middle Initial	Date of Birth (mm/dd/yyyy)
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DePaul Student #	E-mail Address	3	Phone Number
Information regarding religion	us exemptions	5	
A student may be exempted from the immunization requirements upon acceptance by the designated recordkeeping			
office of a written and signed statement by the student detailing the student's objection to immunization on religious grounds. The objection must set forth the specific religious belief that conflicts with the immunization. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements. (http://www.ilga.gov/commission/jcar/admincode/077/077006940C02100R.html) Please describe your objection below (attach another piece of paper if necessary):			
I am requesting a religious exemption to DePaul's immunization requirements.			
I understand that if I am exempted from DePaul's COVID-19 immunization requirements based upon a religious exemption, I must comply with COVID-19 testing as required by DePaul. I understand that failure to fully comply with DePaul's COVID-19 testing requirements may result in the revocation of my religious exemption. I further understand that if I am not in compliance with DePaul's testing or immunization requirements, I may be subject to consequences under the Code of Student Responsibility (including but not limited to administrative removal from my on-campus class(es) without reimbursement of costs, tuition, and fees and that such action could adversely impact my academic record).			
I am also verifying that I have reviewed the information presented above and, to the best of my knowledge, all information provided to DePaul in connection with this religious exemption request is correct, truthful, and accurate. I understand that if I provide false information to DePaul, or otherwise fail to comply with DePaul's policies, procedures, and reasonable directives, I may be subject to additional consequences as outlined in the Code of Student Responsibility.			
Student Signature : Date:			
The preferred method to submit immunization records is online in Campus Connect.			
Fax:	In Pers	Additional methods are:	Mail:
(312) 476-3200	DePau	<u>sorr.</u> Il Central – Lincoln Park, SAC 101 Il Central – Loop, DePaul Center 9th floor	DePaul University Office of the University Registrar 1 E. Jackson Chicago, IL 60604

For more information visit go.depaul.edu/immunizations