Southern Illinois University Edwardsville COVID-19 Vaccination Religious Exemption Request Form

Pursuant to Governor JB Pritzker’s Executive Order 2021-22, issued on September 3, 2021, students and employees of higher education institutions must be fully vaccinated against COVID-19 by September 19, 2021, unless they have been granted a medical or religious exemption from vaccination. Individuals who are not fully vaccinated must undergo weekly (at a minimum) COVID testing, regardless of the reason that they are not vaccinated.

Requests for religious exemptions will be reviewed based on the information provided below. The University may require the submission of additional documentation or may need to obtain additional information concerning the identified religious belief, practice or observance from a religious leader or scholar.

If approved, this exemption will remain in effect for up to one calendar year.

Please identify the religious belief, practice or observance and explain why it precludes you from receiving the COVID-19 vaccination (You may attach additional information if needed.):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I affirm that the statements made above truly reflect my beliefs and practices. I further agree to comply with any and all requirements and/or limitations placed upon me by Southern Illinois University Edwardsville or Public Health Officials, due to my unvaccinated status.

Your signature below indicates acceptance of the above-referenced terms and conditions of a religious exemption.

Name (print): ___________________________ Classification (circle one): Student  Employee
800 Number: ___________________________ E-mail address: ___________________________

Academic Program __________________________________________________________________________________

Signature: ___________________________ Date: ___________________________

For Office Use Only

___ Approved  ___ Denied

____________________________  __________________________
Signature and Title  Date

Notes: ____________________________________________________________________________________________

Unless otherwise noted, this exemption expires one year from the date of approval.

Submission instructions:

Return this form to the Office for Equal Opportunity, Access & Title IX Coordination.

Email:  jball@siue.edu (preferred)
Fax:  618.650.2270
In person:  Rendleman Hall 3316

The completed form which indicates an approval or denial of your request will be returned to you via email.