

COVID-19 Religious Exemption Form

Delaware College of Art and Design received your request for religious exemption. Failure to complete this supplemental form will result in your exemption request being denied.

The College will consider all requests and will provide exemptions following applicable law. Additional information may be needed to evaluate your request.

please provide a personal statement explaining why the COVID-19 vaccination is against your religious beliefs.		

I attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to denial of my request.

I understand that the College will review exemptions annually, and I will need to reapply in the future.

I acknowledge that, if DCAD determines that there is an outbreak of a vaccine-preventable disease on campus, or if in the estimation of the College, I have been or am at risk of having an exposure to a vaccine-preventable disease, I shall be temporarily excluded from physical attendance at the College. It will be my responsibility to keep up with academic work. I will be authorized to return to the College only upon approval by the College and my healthcare provider.

I release the College, the College's Board of Trustees, and its employees from any responsibility for any impairment of my health resulting from this exemption.

Name:	Signature:	
Date:		