



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM
PARENT/GUARDIAN

Name of Student _____

Date of Birth _____ Student ID# _____

This form is for your use in applying for your child’s religious exemption to Public Health Law immunization requirements. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a **sincere** religious belief. **Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption** under Department of Health regulation 10 NYCRR, Section 66-1.3

(d). Requirement for religious exemption include:

- 1) A written and notarized statement from the parent/guardian, stating the objection of immunizations for their child due to sincere and genuine religious beliefs which prohibit immunization. **Please be as specific as possible about your religious beliefs against immunizations.**
- 2) TC3 may request supporting statements from your religious organization, religious leader or health care provider. Examples of such are:
 - A letter from an authorized representative of the religious organization attended by the parent/guardian, literature from the religious organization explaining doctrine/beliefs that prohibit immunization;
 - Other writings or sources upon which the parent/guardian relied in formulating religious beliefs that prohibit immunization;
 - A copy of any parent/guardian statements to their child’s healthcare providers or school district officials in a district of prior residence explaining the religious basis for refusing immunization;
 - Any documents or other information the parent/guardian may be willing to provide that reflect a sincerely held religious objection to immunization.



