



**REQUEST FOR RELIGIOUS EXEMPTION FROM A REQUIRED IMMUNIZATION**

The University of Maryland, Baltimore (UMB) is committed to building an inclusive, equitable and diverse campus community. If your religious beliefs or practices conflict with the USM and UMB immunization standards, please provide the following information.

Please print the following information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Request \_\_\_\_\_ School \_\_\_\_\_

**Preferred Contact Information**

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**City State Zip Code**

Please explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and whether you are opposed to all immunizations, and if not, the religious basis on which you object to the required immunizations (Measles, Mumps, Rubella, Varicella, Hepatitis B, Tetanus-Diphtheria, Influenza, Meningococcal and COVID 19). \*Students participating in clinical environments cannot be granted exemptions to the COVID and influenza requirements due to the requirements of clinical sites. \*\*An exemption to any immunization may not be honored by an external learning site requiring proof of immunization and may affect completion of course work. (Use space on page 3 & use additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**At your option, or upon our request for additional information, you may provide the following certification from religious organization leadership.**

**FOR RELIGIOUS/SPIRITUAL LEADER**

I am a religious/spiritual leader at \_\_\_\_\_ and hereby certify that the above information provided by \_\_\_\_\_ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the required immunization requirements at UMB due to their religious belief.

Religious Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Religious Organization: \_\_\_\_\_



I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in a determination to be unqualified for UMB enrollment or delayed progression of coursework or graduation. My request for an exemption from the vaccination requirement is based upon my religious beliefs. I understand that my request for an exemption may not be granted if it creates an undue hardship for the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

UMB Student ID \_\_\_\_\_

Signature of Parent or Guardian (if <18 years of age): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality of Information Provided**

Requests for exemptions and any documents provided will be kept confidential and shared only with those university officials who have a need to know.

**PLEASE UPLOAD THIS FORM TO THE DESIGNATED ELECTRONIC IMMUNIZATION RECORD**

**Summary of Next Steps:**

1. This request will be reviewed and acknowledged by UMB Student Office of Student Affairs
2. You will be notified of the decision regarding your requested religious exemption.
3. If you are granted a religious exemption, you may be required to undergo additional testing in addition to observe all health and safety protocols.
4. The University of Maryland, Baltimore will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact the Office of UMB Student Affairs

**SPACE FOR SUPPLEMENTAL INFORMATION**

Name \_\_\_\_\_