

**Woodbury University COVID-19 Vaccination Policy**

Woodbury University students are required to be up to date with their COVID-19 vaccinations and submit proof of vaccination status as it is a condition of enrollment. Being up-to-date with your COVID-19 vaccines indicates that you have received all doses in the primary series and all boosters recommended for you, when eligible. The recommendation for booster doses will vary based on your age, health status, what vaccine you first received, and when you first got vaccinated.

Students may request an exemption if they cannot receive the vaccine because of a sincerely held religious belief, practice, or observance. In order to qualify for a religious exemption please describe your religious belief, practice, or observance and how these prevent you from receiving the COVID-19 vaccine.

If the student is under the age of 18, this attestation should be signed by both the student and their parent/guardian. If more space is needed, please use the back of this page.

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **WU ID: P000** \_\_\_\_\_

**Campus**  Burbank  San Diego

---

---

---

---

---

---

**Student or Parent/Guardian (if student is less than 18 years old)**

By signing this Religious Exemption Request, the student, and, if a minor, their parent or legal guardian, attests that they cannot receive COVID-19 vaccinations because of the sincerely held religious belief, practice, or observance described above. Student and, if a minor, their parent or legal guardian, acknowledges that an unvaccinated student is at greater risk of becoming ill with COVID-19.

The undersigned understands this Religious Exemption Request and has had the opportunity to ask questions about it.

The undersigned verifies the truth and accuracy of the statements in this Religious Exemption Request.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if individual is under 18 years old):** \_\_\_\_\_

**FOR USE BY WOODBURY UNIVERSITY STAFF ONLY**

Date Received: \_\_\_\_\_

Reviewer Name (Print): \_\_\_\_\_

Date Approved: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Date Denied: \_\_\_\_\_