

Chaffey College

Summer/Fall 2022 COVID-19 Vaccination Exemption/Accommodation Request

(Sincerely Held Religious Belief)

Chaffey Community College District ("Chaffey") is committed to providing equal educational and academic opportunities without regard to any protected status and an academic environment that is free of unlawful harassment, discrimination, and retaliation. As such, Chaffey is committed to complying with all laws protecting students' religious beliefs and practices. When requested, Chaffey will explore reasonable modifications or accommodations for a student's sincerely held religious belief and/or practices that prohibit the student from receiving a COVID-19 vaccine, provided the requested modification or accommodation would not result in a fundamental alteration of the academic program, would not impose an undue financial or administrative burden on the College, or would not result in a significant risk or direct threat to the health & safety of others.

To Be Completed by Student:

Name: _____ Student ID: _____

Date of Request: _____

Please explain below why you are requesting a Modification/Accommodation:

In some cases, Chaffey will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). Chaffey may need to discuss the nature of your religious belief(s), practice(s) and modification/accommodation with your religion's spiritual leader or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

_____ Yes _____ No

If no, please explain why:

Student Verification

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I understand that the information provided may be used by Chaffey to help determine eligibility for and to identify possible reasonable modifications or accommodations. I understand that if I refuse to provide the information requested, my refusal may impact Chaffey's ability to adequately understand my request or effectively identify possible reasonable modifications or accommodations.

I also understand that my request for a modification or accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Chaffey.

Student Signature: _____ Date: _____

Print Name: _____

The information provided herein will be kept confidential by Chaffey.

***Please submit this completed form to: melissa.moreno@chaffey.edu**