Office of Health Services

Request for Religious Exemption from Mandatory Immunization

Spirit ID #:		
SPU Email Address:		
State:	Zip Code:	
	Date:	
	SPU Email Address:	

New Jersey state law and Saint Peter's Un]n

Section 2: Religious Organization/Leader Rationale for Request (completed by religious leader)
Please provide a supporting basis of this student's faith/beliefs that are contrary to the practice of immunization or use of specific vaccines.
Attestation *eqo r ngvgf dy t grki kqwu ngcf gt +
Name of Religious Leader:
Religious Organization:
Phone Number for the Religious Organization:
Email Address for the Religious Organization:
Address for the Religious Organization:

State:

City:

Signature:

Zip Code:

Date:

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Final Acknowledgement *\u00e4q dg eqo rng\u00bcgf dy \u00e4j g u\u00bc\u00e4f gp\u00bc\u00bc\u00bc

Instructions: initial next to each of the statements below: