

REQUEST FOR RELIGIOUS/CREED EXEMPTION FROM COVID-19 VACCINATION

First and Last Name: _____

Student or Employee Number: _____

E-mail Address: _____ Phone Number: _____

Please confirm that you have read the following statements by checking the corresponding boxes:

I authorize Confederation College to speak to my creed/religious leader about my case and to request from the leader, documentation that confirms my requirement for a creed/religion exemption from receiving the COVID-19 vaccine.

I certify that the information I have provided is accurate and complete as of the date of this submission. I understand that I may be subject to disciplinary action if any of the information I have provided in support of this exemption is false or misleading.

Please explain the basis for your creed/religion exemption request:

This portion is to be completed by a Creed/Religious Leader

To protect the health and safety of students and employees, COVID-19 vaccination is a requirement of Confederation College. The individual listed above is requesting a creed/religion exemption from being vaccinated against COVID-19.

PLEASE PROVIDE BELOW DETAILS ON THE FOLLOWING:

1. The basis of the applicant's faith/beliefs which are contrary to being vaccinated against COVID-19.
2. How long the applicant has been a member of the creed/religion
3. How long the applicant attended services and/or paid any applicable fees.
4. Any other relevant information.

EXPLANATION:

I certify that _____ has the above faith/beliefs and I support the request for a creed/religion exemption from the COVID-19 vaccine requirement at Confederation College.

Signature of Creed/Religious Leader

Date

CREED/RELIGIOUS LEADER INFORMATION

Name of Religious Name and Title: _____

Name of Religious Organization: _____

Address: _____

Email: _____

Phone Number: _____

Confidentiality of Information Provided

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

The personal information requested on this form is collected in accordance the Freedom of Information and Protection of Individual Privacy Act. Should you have any questions concerning your personal information please contact the Privacy Officer at privacy@confederationcollege.ca. Confederation College is committed to the protection of the personal privacy of all individuals.

Once completed, please submit the entire application to CovidExemptions@confederationcollege.ca