



State University of New York

# CLINTON

Community College

## Religious Exemption Form

Please complete all areas below to assist in your request.

If you do not want to use this form, please send a letter to the Student Health Office via email ([john.borner@clinton.edu](mailto:john.borner@clinton.edu)) or by mail to Dean of Student Affairs Office, Clinton Community College, 136 Clinton Point Drive, Plattsburgh, NY 12901.

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

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

If under 18 years of age, please include parent/guardian name: \_\_\_\_\_

Please use this space to explain the connection between your religious affiliation and the reasons from your religious affiliation that support not receiving immunizations. Please use one to two paragraphs to complete this portion of the form.

- **Please Note:** Non-vaccinated students may be required to adhere to testing and college mask wearing guidance as recommended by Clinton Community College.

**Signature** (Your signature must be on this form to complete the process. You may print the form and add your signature. You may also save this form as an Adobe PDF and use the sign function to use a mouse or trackpad to add your signature.)

Student: \_\_\_\_\_

If under 18 years of age, Parent/Guardian Signature: \_\_\_\_\_

Upon completion, this form should be emailed as an attachment to [john.borner@clinton.edu](mailto:john.borner@clinton.edu) or mailed via USPS to Dean of Student Affairs Office, Clinton Community College, 136 Clinton Point Drive, Plattsburgh, NY 12901