

# Petition for Exemption from the State of Illinois Mandate of COVID-19 Vaccination on Religious Grounds

**In the space below, describe the specific religious belief, practice or observance of yours that conflicts with the immunization:**

*(to be completed by a parent or guardian if the student is less than 18 year of age)*

I affirm the above statement reflects my sincerely held religious beliefs and practices. If my request for an exemption from COVID-19 vaccination on religious grounds is granted, I agree to comply with the university's health and safety requirements, including but not limited to testing.

\_\_\_\_\_  
Signature (Must be handwritten; electronic signature not acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
University Identification Number

\_\_\_\_\_  
Campus or Home Address

The student statement must be written in the space provided; attachments cannot be accepted. Submit the completed petition via U.S. Mail, fax or email to the Office of the Dean of Students, 300 Fred H. Turner Student Services Building, MC-306, 610 East John Street, Champaign, IL, 61820. Phone 217-333-0050; Fax 217-265-5000; email [helpdean@illinois.edu](mailto:helpdean@illinois.edu)

FOR OFFICE USE ONLY

Approved       Denied

\_\_\_\_\_  
By

\_\_\_\_\_  
Date

