**Application for Religious Exemption from Immunization Requirements**

1. I understand that the State of New York requires, as a condition of attendance at SUNY Sullivan, the submission of a certificate of immunizations against Measles, Mumps and Rubella.
2. I hereby request exemption from the immunization requirements on the grounds that such requirements conflict with my genuine and sincere religious beliefs which prohibit immunizations. More specifically, I am an adherent of

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**( Reason for Exemption )**

1. I understand that, at the discretion of the Medical Director and president of SUNY Sullivan I may be asked to provide additional information, or I may be required to meet with the either or both Medical Director and the President of SUNY Sullivan to discuss my beliefs.
2. In consideration of this exemption, if I am found to have Measles, Mumps or Rubella, I will comply with the quarantine or isolation procedures of the institution and the community.
3. In consideration of this exemption, in the event of an outbreak of Measles, Mumps or Rubella. I understand that I may be asked to leave campus and this may suspend my studies in accordance with New York State Public Health Law.
4. I hereby assume all risks of personal injury to myself as a result of this exemption and also release SUNY Sullivan and any of its personnel from all claims and damages which may arise from any impairment of health resulting to me because of this exemption.

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Signature of student Date

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Name (Printed or typed) Student ID# or DOB

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**For Official Use Only:**

Received by Health Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Chris DePew

Dean of Student Development Services

 SUNY Sullivan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_