Van Housen Hall, 44 Pierrepont Ave., Potsdam, NY 13625

Phone: 315-267-2377 Fax: 315-267-3260

SUNY Potsdam Student Health Services MMR Religious Exemption Request Form

Section I: Student Information

Last Name	First Name	Student Email	Date of Birth	Potsdam ID #

Section II: Religious Beliefs Exemption Request

(to be completed by student or guardian, only if student is under 18 years old)

Requests for exemption based on religious beliefs: Students who hold genuine and sincere religious beliefs contrary to the practice of immunization may be exempt after submitting a written statement. The statement must include an explanation of how receiving the immunization conflicts with the student's sincere religious belief or practice.

Student statement:	
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understand that I am not fully vaccinated aga be excluded from class or campus until the	inst Measles, Mumps, and Rubella (MMR). If there is an outbreak on campusk of exposure has passed.
Signature: Student or guardian, only if under 18 years old	Date: