



University Health Services
Tel: 410-704-2466 Fax: 410-704-3715

Request for Religious Exemption from Immunization Requirements

Student Name (Print): _____

Birthdate: ____ / ____ / ____

Towson University ID #: _____

Attestation:

The administration of immunizing agents conflicts with my bona fide religious beliefs and/or practices. I understand that my not being immunized may put other students and staff of the university at risk if I become infected with a vaccine-preventable disease, as well as endangering my own health.

I understand that if I cannot prove immunity in the occurrence of an outbreak, epidemic, or potential epidemic of a vaccine-preventable disease at Towson University, University Health Services may order my exclusion from campus (residence, classes, and university events) for my own protection and that of the campus community, until the risk of communicability of infection has passed or I have been properly immunized.

I also understand that if I withdraw from classes as a result of a prolonged absence during an outbreak or illness from a vaccine-preventable disease for which I have requested a vaccine exemption, it will be my financial responsibility.

Signature of Student

Date

Signature of Parent/Guardian if student is <18 years old

Date

Notary Public: State of _____

I hereby certify that on this ____ day of _____, 20____, in the city of _____, and the state of _____, the signer and subject of the above form personally appeared before me and signed or attested the same in my presence.

My commission expires: _____

Street Address of Branch or Office: _____

Name/Organization employing Notary: _____

Notary Public Seal Here: