



Request for Religious or Personal Belief Exemption from Immunization Requirement

Student Name: _____ CSUSM Student ID #: _____

Per CSU's Immunization Requirement Policy, a student may be exempted from receiving a required immunization for a religious exemption due to either (i) a person's sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or (ii) beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual's life, comparable to that of traditionally recognized religions.

This form is for the above-named individual to request a religious exemption from receiving the following required immunization(s):

- Measles, Mumps, and Rubella (MMR) Hepatitis B (Hep B) Meningococcal Conjugate (MenACWY)

Please describe the nature of your request for a religious exemption as described herein to the above checked immunization(s): *Print clearly in blue or black ink.*

STUDENT ATTESTATION AND SIGNATURE:

I hereby attest that all information provided herein is accurate and complete.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to student: _____

Parent/Guardian Signature: _____ Date: _____