

NOTARIZED AFFIDAVIT  
OF RELIGIOUS BELIEF (Minor)

A parent or guardian for a minor child may exempt their student from the COVID-19 Vaccination Policy by submitting this completed form to Delaware State University (University). A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection.

STATE OF \_\_\_\_\_

\_\_\_\_\_ COUNTY

1. I, \_\_\_\_\_ (insert parent/guardian name), parent of \_\_\_\_\_ (insert minor student name) hereby swear/affirm (circle one) that I subscribe to a belief in a relation to a Supreme Being involving duties superior to those arising from any human relation.
2. I hereby swear/affirm (circle one) my belief is sincere and meaningful and occupies a place in my life parallel to that filled by the orthodox belief in God.
3. This belief is not a political, sociological or philosophical view of a merely personal moral code.
4. This belief causes me to request an exemption from the mandatory University COVID-19 Vaccination Policy for \_\_\_\_\_ (insert minor student name).
5. I acknowledge that, in the event that the Division of Public Health declares that there is an outbreak of a vaccine preventable disease, or if in the estimation of the Division of Public Health, my child has been or is at risk of having an exposure to a vaccine preventable disease, he/she shall be temporarily excluded from attendance at the University, in which case, it will be my responsibility to assist him/her with keeping up with academic work, and he/she will be authorized to return to the University only upon approval by the Division of Public Health and/or Campus Health Services.
6. I acknowledge that I have been given the opportunity to receive from the University information regarding the medical benefits and risks in choosing whether to obtain the COVID-19 vaccine, and if I have not taken that opportunity, it is hereby waived.
7. I release the University, the University's Board of Trustees, and its employees from any responsibility for any impairment of my health resulting from this exemption.

\_\_\_\_\_  
Parent/Guardian Signature

SWORN TO AND SUBSCRIBED before me, a registered Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 2021.

(Seal)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_



The University is in receipt of your request for a medical or religious exemption. Failure to complete this supplemental form will result in your exemption request being denied.

The University will consider all requests and will provide exemptions in accordance with applicable law. Additional information may be needed to evaluate your request.

Initial decisions to grant Medical/Disability exemptions may be subsequently reviewed based upon evolving medical information and CDC guidance, or other information obtained by the University.

**GENERAL INFORMATION:**

1. Please provide a brief explanation of why you are requesting an exemption.

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**RELIGIOUS EXEMPTION:**

1. Have you been vaccinated as an adult (18 yrs. or older)? If so, please identify the vaccines you have received.

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2. Please provide a personal statement regarding why the COVID-19 vaccination is against your religious beliefs. Your statement should also state whether other immunizations are also against your religious beliefs.

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3. Please provide supporting documentation of your belief from a religious body. If you cannot provide supporting documentation, explain why.

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**MEDICAL/DISABILITY EXEMPTION:**

1. Please provide a statement by your health care provider explaining the medical condition or disability and why an exemption from or delay in vaccination is necessary or appropriate based on CDC's guidance.

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to denial of my request.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

D#: \_\_\_\_\_

Date: \_\_\_\_\_