

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT  
STUDENT RELIGIOUS EXEMPTION REQUEST  
RELIGIOUS ORGANIZATION STATEMENT FORM 1-CS**

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Name of Religious Organization: \_\_\_\_\_

Religious Organization Address and Email: \_\_\_\_\_

Phone Number of Religious Organization: \_\_\_\_\_

Name of Religious Leader and Title: \_\_\_\_\_

**Religious Leader: Both sections below must be completed for processing of this request.**

- 1) In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination.**

- 2) Please cite the doctrinal text supporting the religious exception. Please attach additional documentation, if necessary.**

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name of Religious Leader: \_\_\_\_\_

Signature of Religious Leader: \_\_\_\_\_

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

*Once you have completed this document, all forms must be submitted to your campus.*