



## RISE Request Form for Religious Exemption from COVID-19 Vaccination

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Name (Print):	Date:
Describe the religious belief or practice that necessitates this request for exemption from the COVID-19 vaccination requirement:	

My religious beliefs and practices, which result in this request for a religious exemption, are sincerely held. I understand that the exemption requested above may not be granted if it creates an undue hardship on the University and that Rivier may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious exemption.

Signature:	Date:
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### HR USE ONLY

Date of initial request: \_\_\_ / \_\_\_ / \_\_\_\_\_

Exemption request:

Approved: \_\_\_ / \_\_\_ / \_\_\_\_\_

Denied: \_\_\_ / \_\_\_ / \_\_\_\_\_

Describe why exemption is denied: \_\_\_\_\_

HR Signature:	Date:
HR Name (Print):	HR Director: