

Student's Name: _____ A#: _____ Date of Birth: _____

RELIGIOUS EXEMPTION CERTIFICATION

Instructions: Please complete either the top or bottom section of the form to release information to New Mexico Junior College (NMJC) regarding your request for an exemption for you from receiving the COVID-19 vaccine due to your religious beliefs.

TO BE COMPLETED BY YOUR RELIGIOUS AUTHORITY:

I, _____ [Name of Religious Affiliation Authority] certify that the above-named student is an active member/participant in my congregation/organization and that the vaccination is against his/her religious beliefs:

Religious Authority Signature: _____ Date _____

Name of Religious Organization: _____

Address of Religious Organization: _____

OR

I have provided this notarized certificate certifying that I receiving the COVID-19 vaccine is against my sincerely held religious beliefs.

Student Signature: _____ Date _____

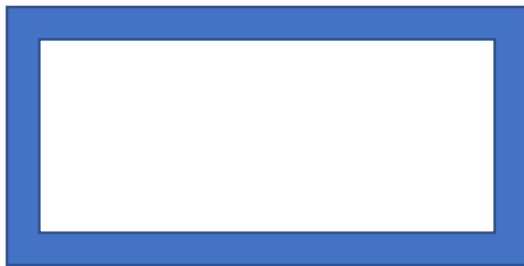
Parent/Legal Guardian Signature*: _____ Date _____

**Needed only if student is under 18 years of age.*

Notary

Subscribed and sworn before me this _____ day of _____, 20 _____,
_____ My Commission expires: _____

Notary's Signature



Notary Seal

Return Exemption Form to: spatterson@nmjc.edu or Dean of Students, 1 Thunderbird Circle, Hobbs, NM, 88240

NMJC Use Only:

Approved

Denied

Authorized Signature _____ Date _____