Massachusetts School of Law
Religious Exemption Request for the
Commonwealth of Massachusetts with Supporting Documentation

Full legal name of student                      Student Identification Number

I, the undersigned, do hereby swear or affirm under the pains and penalties of perjury, as
follows:

1. I am making this truthful Religious Exemption Request under the penalty of perjury so
that I may enroll and attend in person classes at the Massachusetts School of Law in Andover. This
request is so I can attend in person classes with my fellow students and staff who have received
the Covid-19 vaccination without my obtaining the required vaccination.

2. I am the student who will be enrolled in classes at MSLAW if this semester’s waiver is
granted.

3. I realize that not getting the vaccine places me at risk for serious illness and even death
and I also risk exposing others on campus to similar risks.

4. I am a member of ________________________ ________________________ _________________________.
   (list religious organization and contact information)

5. I have been a member of that religious organization since_______________________.

6. On the following dates, I discussed obtaining the Covid-19 vaccination with my Doctor
__________________________________________
   (full doctor name and contact information)

7. On the following dates, I discussed this matter with my clergy member
__________________________________________
   (full name of clergy member and contact information)

8. In the following space fully describe what your religious beliefs are and why those
beliefs prohibit you from obtaining the required vaccination.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
As shown in the attached clergy letter and documentation, obtaining the Covid-19 vaccination would be contrary to my religious beliefs.

9. If you previously obtained vaccinations and submitted that documentation to a college or graduate school, please explain why you received required vaccinations in the past but now request a religious exemption.

10. I understand that if this exemption request is granted, I will not be required to obtain the Covid-19 vaccine for the semester in which this request is granted. I understand that I am still required to follow all the other safety protocols the school requires for the protection of students and staff as well as any additional safety protocols required of nonvaccinated students.

11. I understand that during a vaccine-preventable disease outbreak, all susceptible students, including the student will be excluded from school if a public health official determines that there is a significant risk for disease, exposure, transmission, and spread into the community. In such case, such students, including the student shall be excluded from school until:

   (A) public health officials determine that the outbreak danger has ended;
(B) the student becomes ill with the disease and completely recovers from it such that the student no longer poses a risk to others;

(C) the student is vaccinated according to public health protocol; or

(D) the student provides proof of immunity to the disease.

I have attached all documents that support my request along with the items described herein.

I swear or affirm under the pains and penalty of perjury that all this information is true. I know that the law school has a strict honor code and must share all information with the Board of Bar Examiners that may reflect on the character and fitness of a graduate as it assesses the graduate’s fitness to be admitted to the bar of the Commonwealth of Massachusetts.

__________________________________________
Signature of Student

__________________________________________
Date

Name of Student, Address, and Contact Information

ACKNOWLEDGEMENT BEFORE NOTARY PUBLIC

STATE OF MASSACHUSETTS:

COUNTY OF ________________________:

On this the_____ day of ____________, ____, before me, __________________________, the undersigned officer, personally appeared ___________________________, known to me, or satisfactorily proven, to be the person whose name they subscribed to the within instrument and acknowledged that the information is truthful, and they freely executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

__________________________________________
Notary Public My Commission expires ______________