

**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.

- (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 _____