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 at follows:	ffirm under the pains and penalties of perjury, as			
that I may enroll and attend in person classes at th	semption Request under the penalty of perjury so ne Massachusetts School of Law in Andover. This my fellow students and staff who have received the required vaccination.			
2. I am the student who will be enrolled igranted.	in classes at MSLAW if this semester's waiver is			
3. I realize that not getting the vaccine pl and I also risk exposing others on campus to sim	aces me at risk for serious illness and even death illar risks.			
4. I am a member of				
(list religious organiza	ation and contact information)			
5. I have been a member of that religious	organization since			
6. On the following dates, I discussed obtained by	taining the Covid-19 vaccination with my Doctor			
(full doctor name and contact information)	·			
7. On the following dates, I discu	ussed this matter with my clergy member			
(full name of clergy member and contact information)	ation)			
8. In the following space fully describe beliefs prohibit you from obtaining the required	what your religious beliefs are and why those vaccination.			

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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.
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10. I understand that if this exemption request is granted, I will not be required to obtain

- 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.

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Signature o	of Student			Date			
Name of St	udent, Addres	s, and Conta	ct Infor	nation			
	/LEDGEMEN F MASSACH		E NOTA	ARY PUBLIC			
	OF		:				
On thi	s the	_ day		undersigned	, officer,	, befo personally	- ,
instrument for the purp		dged that the ontained.	e inform	ne person whose ation is truthful	-		
Notary Pub	olic My Comm	ission expire	es				