UMKC Request for Exemption from Vaccination for Religious Reasons

University of Missouri Kansas City is committed to diversity and inclusiveness of all our employees. UMKC has mandated that all faculty, staff and students who have direct contact with patients as part of their UMKC work or training be vaccinated against COVID 19. Individuals with an approved exemption will have to comply with campus policy and/or guidelines, which may include masking and other measures. If you wish to decline the COVID 19 vaccine for a religious reason, please provide the following information:

Name: ________________________________ Date of Birth: ________________________________
Email: ________________________________ Phone: ________________________________
Department: ____________________________ Supervisor: ________________________________

Religious Belief, Church or Religious Body: ____________________________________________

Because the mandatory vaccination conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the COVID 19 vaccination at this time. Please explain reason for exemption request:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Religion Tenet(s) Documentation

In some cases, UMKC may need to obtain documentation or other authority regarding your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for exemption. If requested, can you obtain documentation or other authority to support the need for an exemption based on your religious practice or belief? ☐YES ☐NO

If no, explain why: __________________________________________________________________
________________________________________________________________________________

Verification and Accuracy

By signing or typing my name below, I acknowledge that I am submitting this form and any attached documentation in support of my request for a religious exemption and verify that the information is complete and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. While all exemption requests will be carefully reviewed, approval is not guaranteed.

Signature: ________________________________ Date: ________________________________

Please email completed documents and questions to the following:

• Students: Student Disability Services, Director Scott Laurent at laurentr@umkc.edu
• Employees: Office of Affirmative Action, Director KC Atchinson at atchinsonk@umkc.edu

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