COVID-19 Vaccine Religious Exemption Request (Employees)
Religious Organization Statement

Name of Observant/Congregant: _____________________________________________________

Name of Religious Organization: ______________________________________________________

In the space below, please provide a written and signed statement supporting the basis of the observant/congregant’s religious beliefs and practices which are contrary to the use of a COVID-19 vaccination. Please note that a general philosophical reluctance will not provide enough basis for an exception to the vaccination requirements.

The above information is accurate, and the above-named observant/congregant is a member in good standing of my religious organization.

Name (Print): _____________________________________________________________________

Name (Sign/Digital Signature): ________________________________________________________

Date: ___________________________________________________________________________

Please return this form to: The Office for Equity and Diversity, Old Cafeteria Complex, Mail Stop 104, East Carolina University, Greenville, NC 27858 or email to oed@ecu.edu.