



**BARUCH COLLEGE/City University of New York**  
**Medical Records Unit**  
**One Baruch Way**  
**Box H-0720**  
**New York, NY 10010**

## **REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM**

Name \_\_\_\_\_

Identification

Number \_\_\_\_\_ Date \_\_\_\_\_

This form is for applying for a religious exemption to Public Health Law immunization requirements. The purpose is to establish the religious basis for your request since New York State permits exemption on the basis of a sincere religious belief. Philosophical, political, scientific or sociological objections to immunization do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3 (d). This regulation allows educational institutions to request additional documents in support of the request of religious exemption.

New York City Department of Health regulation 10 NYCRR, Section 66-1.3 (d) can be found on the Baruch College website at <http://www.baruch.cuny.edu/admission/immunization.htm>

Baruch College requires students to submit a written, signed and notarized statement stating that they object to their immunization due to sincere and genuine religious beliefs which prohibits the immunization in which case the college may require supporting documents.

The statement **must** address **all** of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principals that guide your objections to immunization.
- Indicates whether you are opposed to all immunization, and if not the religious basis that prohibits particular immunizations.

You may attach to this form additional written pages or other supporting materials if you so choose.

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal denial within thirty (30) days to the Office of the General Counsel and Senior Vice Chancellor for Legal Affairs.