

**Bentley University  
Health Center**

**REQUEST FOR EXEMPTION FROM IMMUNIZATION REQUIREMENTS  
DUE TO RELIGIOUS REASONS**

**All religious exemption requests must be accompanied by the completed supplemental information form that is attached to this document.**

I, \_\_\_\_\_, am requesting exemption from the Massachusetts and/or Bentley University vaccination and immunization requirements based on Religious grounds. Receipt of vaccines and immunizations would conflict with my sincere religious beliefs.

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes until the period of communicability is passed. I further understand that the University will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund will be made. Waivers should be renewed annually at the start of the academic year.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**If under 18, parent/guardian must complete this portion of the form:**

As a parent/guardian having control of and responsibility for \_\_\_\_\_, a minor (under age 18) enrolled in Bentley University, I request that said minor be exempt from the Massachusetts and/or Bentley University vaccination and immunization requirements based on Religious grounds. Receipt of vaccines and immunizations would conflict with their sincere religious beliefs.

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus my child may be excluded from campus and classes until the period of communicability is passed. I further understand that the University will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund of such costs will be made. Waivers should be renewed annually at the start of the academic year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This document, with the supplemental information area completed, must be uploaded to the Bentley Health Portal to be considered. <https://bentley.medicatconnect.com/>**

# Supplemental Information for Religious Exemption Requests to the Immunization and Vaccination Requirements

Full Name: \_\_\_\_\_

Check one:            Undergraduate Student            Graduate Student

List the specific immunization/vaccination(s) you wish to be exempt from receiving based on your sincerely held religious beliefs:

Describe in your own words how receiving any of the above listed vaccinations would conflict with your sincerely held religious beliefs:

I affirm that all statements made on this form are true and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_