



New Paltz

STATE UNIVERSITY OF NEW YORK

Student Health Service • Division of Student Affairs

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# Religious exemption form for vaccinations

I, \_\_\_\_\_ have a genuine,  
sincere religious belief contrary to the  
practice of immunization.

Signature: \_\_\_\_\_

To be completed and signed by parent/guardian if student is a MINOR

Date of Birth: \_\_\_\_\_

SUNY New Paltz ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Stamp: