



STUDENT EXEMPTION FORM
Exemption from COVID-19
Vaccination Policy for Approved Reasons

To receive an exemption from Huston-Tillotson University’s COVID-19 immunization requirements, a separate signed affidavit must be submitted for each individual.

PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS

STUDENT INFORMATION

_____	_____
First Name	Date of Birth (MM/DD/YYYY)
_____	_____
Middle Name	HT Student ID Number
_____	_____
Last Name	HT Email Address

I do **NOT** want my self/minor dependent to receive the COVID-19 vaccination for reasons of conscience (which may include a religious belief) or concerns related to the vaccine Emergency Use Authorization status.

OR

I do **NOT** want to provide my own/minor dependent’s COVID-19 vaccination status.

I have read and understand the Benefits of Getting a COVID 19 Vaccination information linked below. I understand the risks of not vaccinating my minor dependent/self. I acknowledge that this election may establish additional requirements to receive services (i.e., asymptomatic testing, temperature screening, and symptom screenings) or exclusion from specific university environments or events in times of emergency or epidemic declared by the Centers for Disease Control and Prevention, Commissioner of Public Health, Austin Public Health, or university officials.

[Benefits of Getting a COVID-19 Vaccine \(http://bit.ly/covid19vaccinebenefits\)](http://bit.ly/covid19vaccinebenefits)

I certify that I am signing for myself as an adult or am the parent or legal guardian of the above-named minor dependent and that the information provided here is true and correct:

_____	_____
Signature of self if an adult or parent or legal guardian	Date

BEFORE ME, the undersigned authority, on this day personally appeared _____ and being by me first duly sworn, did state under oath the following: My name is _____. I am over the age of eighteen years, fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this ____ day of _____ 20__.

_____	_____
Affix Seal	NOTARY PUBLIC, _____ State