



OFFICE OF DISABILITY SERVICES
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732-255-0456 • FAX 732-864-3860
TTY & VOICE RELAY 711

RELIGIOUS OR SINCERELY HELD BELIEF VACCINE EXEMPTION REQUEST FORM

CHECK ALL THAT APPLY: [] COVID-19 vaccine [] Influenza (flu) vaccine [] Other _____

OCC Student ID _____

Name _____ Last First MI

Phone # _____ OCC Student Email _____

Date of Request _____ Return to accommodations@ocean.edu

Ocean County College (OCC) is committed to diversity and inclusiveness of members of the college community. If you have a religious or sincerely held belief which conflicts with OCC's vaccination requirement and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below. You may also attach additional information or documentation about your religious or sincerely held belief. Please provide sufficient detail so that the nature of your belief and the rationale for your exemption request may be thoroughly considered.

Name of Religious Belief, Church or Religious Body: _____

Details regarding request:

In some cases, OCC will need to obtain documentation regarding your religious practice or belief. We may need to discuss the nature of your religious belief (s), practices and accommodation with you, your religion's spiritual leader (if applicable), or religious scholars to address your request for an exemption.

If requested, can you obtain documentation to support the need for an exemption based on your religious practice or sincerely held belief?

[] YES

[] NO

If NO, please explain why:

VERIFICATION and ACCURACY

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship at Ocean County College (OCC).

I understand if I am granted an exemption from obtaining vaccine I may be required to undergo additional testing as required by school policy. Testing will take place on campus, will be paid for by the college and results will be provided to me and to the college.

I understand if I fail to adhere to OCC vaccination policies and procedures I will be removed from campus, charged with violating the OCC Code of Student Conduct, and referred to the Office of Student Conduct.

Signature

Date

Submit the completed form to the Office of Disability Services using one of the methods below:

Secure upload (preferred): go.ocean.edu/upload

Email: accommodations@ocean.edu

Fax: 732-864-3860

All documentation is kept confidential. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process.