

**UNIVERSITY OF CALIFORNIA  
STUDENT RELIGIOUS ACCOMMODATION REQUEST FORM  
(Accommodation to Flu Vaccine Mandate)**

STUDENT NAME	STUDENT ID
STUDENT PHONE NUMBER	STUDENT EMAIL

*Based on my sincerely held religious belief, practice, or observance, I am requesting a religious accommodation in connection with the University's flu vaccine mandate.*

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's flu vaccine mandate.

Describe the accommodation(s) you are requesting and the applicable time period or frequency.

Do you anticipate living and/or learning on premises at any UC location at any time during the 2021-22 flu season?

Yes, regularly.

Yes, sometimes. Please describe:

No.

I don't know.

Please provide any additional information that may be helpful in processing your religious accommodation request.

Student Signature:

Date:

Date Received by University:

By:

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For Official Use Only by UCLA Immunization Exemption Policy Committee:

Approved

Denied

Date:

Name:

Title:

Signature: