



**Office for Equity and Accessibility**  
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**Religious Exemption Certification Form**

Employee Name: \_\_\_\_\_

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

Employee ID Number: \_\_\_\_\_

Presidential Policy Memorandum (PPM) 317 sets forth the University’s vaccination and testing requirements. The administration of the COVID-19 vaccine conflicts with my sincerely held religious tenets or practices. I understand and agree that I will abide by the requirements set forth in PPM 317 with the exception of the vaccination requirement.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Notary Acknowledgement**

I hereby affirm that this religious exemption certification form was signed in my presence on:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

in the city/county of \_\_\_\_\_, state of \_\_\_\_\_

Notary Public Seal

\_\_\_\_\_  
 Notary Signature

My commission expires: \_\_\_\_\_