



Religious Exemption for Immunizations

Student Name: _____ DOB: _____

AU Student ID #: _____

Program of Study: _____

*****Submit this page only if you are claiming exemption from the USG Immunization requirements.**

STUDENT EXEMPTIONS:

Select the box, sign, and date if you are claiming exemption of the immunization requirements.

I affirm that the immunizations required by the University System of Georgia conflict with my religious beliefs. I understand I am subject to exclusion from all on-campus classes and activities in the event of an outbreak of disease for which immunization is required.

I attest that all the above information is accurate and agree to release this information to Augusta University Student Health Services.

Student Signature: _____ Date: _____

Official Notary: _____