
East Grand Forks Public Schools

Independent School District #595

P.O. Box 151

East Grand Forks, MN 56721

(218) 773 - 3494

COVID-19 Vaccination Policy – Religious Accommodation Request

This form is for employees requesting a religious accommodation to requirements in the Mandatory COVID-19 Vaccination Policy. To request a religious accommodation, this form must be completed in full and returned to [insert identity /title of school administrator]. The School District will contact you when a determination is made or if additional information or clarification is needed to further evaluate this request.

Data Privacy Notice: The School District is collecting the requested information to determine whether you may be provided another means of safely accessing School District property in lieu of the requirements in the School District's COVID-19 Vaccination Policy. You are not required to provide the requested information; however, if you do not provide the requested information, your request for an accommodation from the Policy cannot be processed and you must continue to abide by the requirements in the Policy. If you provide the information requested on this form, it will be reviewed by school officials whose input is necessary in order to consider the request and school officials who have a legitimate educational interest in the data.

Name: _____ Position: _____

Date of Birth: ____/____/____ School: _____

Supervisor: _____

1. Specify from which requirements of the Policy you are requesting an accommodation:

2. Describe the religious belief or practice that necessitates this request:

3. Describe any alternative accommodations that might address your needs:

By signing below, I hereby certify that the above statements and all information provided in connection with this COVID-19 Vaccination Religious Accommodation Request are true and accurate, and that the religious beliefs and practices that require the accommodation are sincerely held. I further certify that I have read and understand the above Data Privacy Notice. I understand that the accommodation requested above may not be granted. I also understand that the School District may need to obtain additional information or clarification to further evaluate my request.

Signature: _____ Date: _____

Contact Information: (Phone) _____ (Email) _____