

**UNIVERSITY OF SOUTHERN MISSISSIPPI**  
**Immunization Religious Exemption Request**

**INSTRUCTIONS**

- < The student, or the parent/guardian of a student under 18 years old, must complete and sign the applicable sections of this Religious Exemption Request Form indicating the vaccine(s) for which the student is requesting exemption.
- < The student must upload the completed exemption form to the USM Admissions immunization upload link.
- < The completed Religious Exemption Request Form will be reviewed by the USM Immunization Nurse, and a copy will be maintained in the student's admission record.

**Date of Request:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_