



### Accommodation Request Form – Religious Accommodation COVID-19 Vaccination

Laguna College of Art + Design is committed to complying with all laws that protect qualified individuals with sincerely held religious beliefs. When requested, the College may provide a reasonable accommodation for sincerely held religious beliefs that may interfere with a student’s ability to receive a COVID-19 vaccination, provided the requested accommodation does not create an undue hardship or pose a direct threat to the health or safety of others in the College and/or to the requesting student. Laguna College of Art + Design is committed to participating in a good faith interactive process with students to determine whether or not a reasonable accommodation can be made.

I am requesting a religious accommodation from LCAD’s mandatory vaccination policy for the COVID-19 vaccination.

<b>Name:</b>	
<b>Student ID:</b>	
<b>Major:</b>	

<b>Length of time the accommodation is needed:</b>	
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<b>Describe the religious belief or practice that necessitates this request for an accommodation in the space below:</b>

<b>Describe any alternate accommodations that might address your needs in the space below:</b>



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My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the College will attempt to provide a reasonable accommodation that does not create an undue hardship on the College. I understand that LCAD may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

I verify that the information I am submitting to substantiate my request for accommodation from LCAD’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that LCAD is not required to provide this accommodation if doing so would pose a direct threat to myself or others in the College or would create an undue hardship for LCAD.

<b>Student Signature:</b>	<b>Date:</b>
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Please return this form to the COVID Coordinator at COVID@lcad.edu.

**For COVID Coordinator Use:**

<b>Received By:</b>	
<b>Date:</b>	
<b>Request:</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>
<b>Additional Information:</b>	
<b>Description of Accommodation Agreed Upon</b>	