



STUDENT (Minor) EXEMPTION FORM

Exemption from COVID-19 Vaccination Policy for Approved Reasons

To receive an exemption from Texas Lutheran University's COVID-19 vaccination requirements, a separate signed affidavit must be submitted for each individual. PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS

STUDENT'S INFORMATION:

First Name

Date of Birth (MM/DD/YYYY)

Middle Name

TLU ID Number

Last Name

TLU Email Address

I do NOT want my minor dependent to receive the COVID-19 vaccination for one of the following reasons: Sincerely held religious beliefs (Title VII), medical conditions (ADA), refusal of an FDA Emergency Use Authorized vaccination (FFDCA), or the election to not provide vaccination status or exemption reason provided by the Texas Governor's Executive Order (GA-35).

I have read and understand the Benefits of Getting a COVID-19 Vaccination information linked below. I understand the risks of not vaccinating myself. I further understand that I will not be denied services due to this election. I acknowledge that this election may establish additional requirements to receive services (i.e., asymptomatic testing, temperature screening, and symptom screenings) or exclusion from specific university environment or events in times of emergency or epidemic declared by the Centers for Disease Control and Prevention, Texas Department of State Health Services, county health officials, or university officials.

Benefits of Getting a COVID-19 Vaccine: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html

I certify that I am signing as the parent or legal guardian of the above-named minor dependent and that the information provided here is true and correct:

Signature of parent or legal guardian (if student is under 18) Date of signature

BEFORE ME, the undersigned authority, on this day personally appeared _____

and being by me first duly sworn, did state under oath the following: My name is

_____. I am over the age of eighteen years, fully competent and authorized to

make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this ___ day of _____ 20__.

NOTARY PUBLIC, _____ State

Affix Seal