The Norther New Mexico College (College) is committed to providing equal opportunity to its students and employees without regard to any protected status, as well as a work and learning environment that is free from unlawful harassment, discrimination, and retaliation, pursuant to Policy _____________.

To ensure that no person has to choose between their religion and obligations as an employee or student, the College is prepared to provide reasonable accommodations in the form of exemptions from its mandatory vaccination policy and other allowances from the academic course or program of study, work duties or the customary way that tasks/responsibilities are done. A religious accommodation may be provided so long as it is reasonable and does not create an undue hardship for the College and/or pose a direct threat to the health or safety of others in the College setting and/or to the requesting party.

Students and employees seeking reasonable accommodation for a sincerely held religious belief that prevents the student or employee from receiving a COVID-19 vaccine must submit this form as part of the College’s COVID vaccine exemption process.

Religious accommodations, including but not limited to vaccine exemptions, for the COVID-19 vaccine will be considered if the student or employee attests to their sincerely held religious belief (attached hereto as Part 2). The College may request documents from the employee or student to further the College’s review of the requested exemption, including but not limited to the following:

- Statements and explanations from the employee or student that discuss the nature and tenets of their asserted beliefs and information about when, where, and how they follow the practice or belief.

- Written religious materials describing the religious belief or practice.

- Written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom the employee or student has discussed their beliefs, or who have observed the employee or student’s past adherence.
To request a reasonable accommodation related to the College’s COVID-19 vaccination policy, including but not limited to vaccination exemption, please do the following:

1. Complete Parts 1 **AND** 2 of this form
2. Upload ALL of the documentation as part of your request to the following: healthandsafety@nnmc.edu

If you have questions about completing this form, please contact:

<table>
<thead>
<tr>
<th>STUDENTS WITH A SERIOUS MEDICAL CONDITION, DISABILITY, OR HIGH-RISK PREGNANCY</th>
<th>ALL OTHER REQUESTS</th>
</tr>
</thead>
</table>
| Don Appiarius, PhD  
Assistant Provost of Student Affairs  
Phone: 505-747-2255  
don.appiarius.nnmc.edu | Kenneth Lucero  
Human Services Director  
Phone: 505-747-5034  
kenneth.lucero@nnmc.edu |
PART 1
ACCOMODATION REQUEST, TO BE COMPLETED BY COLLEGE STUDENT OR EMPLOYEE

Name: ________________________________

Banner ID: _____________

Department/Major: ______________________

Affiliation (check all that apply):  □  Student  □  Faculty/Adjunct  □  Staff

Supervisor Name (if applicable): ________________________________

Parent or Guardian Name (if applicable): ________________________________

Requested accommodation (vaccination exemption, remote learning, remote working, etc.):

________________________________________________________________________

________________________________________________________________________

Identify your religion and describe the religious belief or practice that necessitates this request for accommodation:

________________________________________________________________________

________________________________________________________________________

Describe any alternate accommodations that might address your needs:

________________________________________________________________________

________________________________________________________________________

Date of Request: ________________________________
PART 2
RELIGIOUS ATTESTATION, TO BE COMPLETED BY STUDENT OR EMPLOYEE

I certify and attest to the following, under penalty of termination or expulsion for misrepresentation to the College:

1. I certify that I am over eighteen (18) years of age and competent to make this attestation OR that my parent or legal guardian is making this attestation on my behalf.
2. I understand that the College requires all students and employees to be vaccinated and to provide documented proof of COVID-19 vaccination before being permitted to return to any of the College’s campuses for the Fall 2021 academic semester.
3. I understand that the College has determined:
   a. That the required COVID-19 vaccination is necessary to prevent the spread of COVID-19 among students and employees of the College;
   b. That data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this attestation has shown that the required vaccinations are at least 85% effective in preventing the spread of COVID-19 and have therefore been given emergency use authorization (EUA) by the FDA;
   c. That a student or employee who does not receive the required vaccination is at increased risk of contracting COVID-19; and
   d. That a student or employee who does not receive the required vaccination is at risk of spreading COVID-19 to me, to other College students or employees, and to other persons.
4. I affirm and attest that I have a sincerely held religious belief which prevents me from receiving the COVID-19 vaccine.
5. I affirm and attest that my objections to the COVID-19 vaccine are due to my sincerely held religious belief and are NOT based on grounds of personal philosophy, preference, or inconvenience.
6. I understand that an accommodation beyond the exemption requested above may not be granted, but that the College will attempt to provide a reasonable accommodation that does not create an undue burden on the College.
7. I understand that the College may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Signature: __________________________________________

Date: _______________________________________________