

UNIVERSITY OF WYOMING
DEPARTMENT OF HUMAN RESOURCES

Dept. 3422
1000 E. University Ave.
Laramie, WY 82071

RELIGIOUS EXEMPTION TO MANDATORY
COVID-19 IMMUNIZATION

Please return completed Religious Exemption to [Human Resources Benefits Office](#).

Name _____
Last First Middle

Department _____ Employee # _____

Phone Number _____

Permanent Address _____
Street address/PO Box City/State/Zip code/Country

_____ Date

I, _____, certify that I am requesting a religious exemption to the mandatory University of Wyoming COVID-19 immunization based on religious beliefs contrary to the COVID-19 immunization. If an outbreak of this illness occurs on the UW campus, employees with a religious exemption may be excluded from campus for the duration of the outbreak or required to take other measures as determined by University officials.

_____ Signature