

Request for Temporary Exemption Form

Name:			
ID#:	Email:	Phone:	
global COVID-19 those with appro required to provi	P pandemic, achieving that go eved exemptions) who wish to de an electronic copy of thei	althy community for its members. As we have learned from the oal is a shared responsibility. All students, faculty and staff (except o attend in-person classes, study or work on SVA's campus, will be ir COVID-19 vaccination. With respect to exemptions, students, excess a vaccine may apply for a temporary exemption.	

If approved, the exemption will remain in effect for the duration of the vaccination administration process. The assigned expiration is at the sole determination of the School of Visual Arts.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

Student Health and Counseling Services will carefully review all requests, though approval is not guaranteed. Please allow at least 15 business days for your request to be processed and forwarded for review. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeals. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Read the CDC COVID-19 Vaccine Information;
- Completed form (see next page)
- Send the completed form to student-covid-alert@sva.edu

Please note SVA reserves the right to request additional supporting documentation at any time.

Note: incomplete submissions will delay the approval process. Be sure all forms and documentation are submitted at one time

Your current location Your estimated arrival date to SVA/New York City area Initial next to each of the statements below:	
I confirm that I do not currently have access to the COVID-19 vaccine, but do in the vaccine when I arrive in the New York City area. I will get vaccinated as soo available and follow all other SVA directives.	_
I understand that as I am not vaccinated, in order to protect my own health a the community, I will comply with assigned COVID-19 testing requirements are preventive guidance.	
I understand that in the event of an outbreak or threatened outbreak, I may be excluded or reassigned from SVA facilities and approved activities (including limited to SVA-owned housing). I agree to comply with these restrictions and a responsibility for communicating with supervisors, human resources, faculty, a appropriate to my college affiliation.	but not ccept
Should I contract COVID-19, I will <u>immediately</u> report it to SVA mailto:student-covid-ale comply with all isolation and quarantine procedures specified by the college and remous VA community if so advised.	ove myself from the
I understand and agree to comply with and abide by all School of Visual Arts poprocedures.	olicies and
I understand that this exception is only valid for the limited approved time peri follow all SVA directives about getting vaccinated.	od and I will
I certify that the information I have provided in connection with this request is complete. I understand this exception may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemp	SVA's
I understand that the religious/medical exemption policy does not apply residence halls. I understand that students who might be approved for are not permitted to reside in the SVA residence halls.	to the SVA
Printed Name:Date:	-
Signature:	
ID#:SVA Email:	
Phone:	

Your completed form should be emailed to student-covid-alert@sva.edu