

**The Texas A&M University System  
Federal Masking Requirement  
Religious Accommodation Request Form**

Name (last, first): \_\_\_\_\_ UIN: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Department/Unit: \_\_\_\_\_  
 Work Email Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

In the area provided below, please describe your sincerely held religious belief, practice, or observance that guides your objection to the federal masking requirement and explain how your sincerely held religious belief, practice, or observance conflicts with the federal masking requirement. This includes beliefs under traditionally recognized religions as well as beliefs, observances, or practices which an individual sincerely holds and which occupy in their life a place of importance parallel to that of a traditionally recognized religion. Social, political, or economic philosophies, as well as mere personal preferences, do not justify an exemption or accommodation under law.

[illegible]

Please describe the accommodation(s) you are requesting and the applicable time period or frequency.

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I understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others at Texas A&M University System Offices and/or to me, or if it creates an undue hardship on Texas A&M University System

I hereby affirm the truthfulness of the foregoing statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your completed form to System Offices Human Resources.