



STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
6<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0375

**BILL LEE**  
GOVERNOR

**DR. PENNY SCHWINN**  
COMMISSIONER  
DEPT. OF EDUCATION

## Religious Exemption from Vaccination(s) Form

Child's Name \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.**

**I declare under penalty of perjury that the foregoing is true and correct.**

**Parent/Legal Guardian Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_