



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

**PHIL BREDESEN**  
GOVERNOR

**TIMOTHY K. WEBB, Ed.D.**  
COMMISSIONER

### Religious Exemption from Vaccinations(s)

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

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

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Pursuant to Tennessee Code Annotated § 49-6-5001(b)(2), I am declining vaccinations(s) for my child because the vaccinations(s) 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: \_\_\_\_\_