

## Title IX Supporting Documentation Form

**Student Modifications or Leave for Pregnancy and Related Conditions**  
Processing of the request is contingent upon completion of all sections of the form.

**Student Name:**

**Date:**

**Please identify the student's specific limitations or need(s).** You are not required to provide a specific diagnosis, but specific limitations or needs must be provided.

**Is the limitation or need related to pregnancy or related condition(s)?**

Yes       No

This may include pregnancy, childbirth, termination of pregnancy, or lactation—as well as related medical conditions and recovery.

**Do you recommend any specific modifications or leave/absences to address the need or limitation?**

**Please describe how the specific modifications or leave/absences is medically necessary to support the student's pregnancy or related condition.**

### Certifying health care provider information

**Provider Name and Title:**

**Provider Signature:**

**Date:**