

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: