

**UCR Office of Title IX, Equal Opportunity & Affirmative Action
Pregnancy Accommodations Request Form**

Name: _____ Pronouns: _____ SID: _____

Phone: _____ UCR Email: _____

Address: _____

Check Student Status: _____ Undergraduate _____ Graduate _____ Professional

Are you a student worker? Yes No

Are you an Academic Student Employee? Yes No

Department: _____ Supervisor's name: _____

Do you have a disability related limitation(s) involved in your pregnancy? Is yes, please specify limitation(s).

Please attach medical documentation from your provider verifying your pregnancy and/or specified limitation(s).

Please identify the specific accommodation(s) you request and when you require this accommodation(s).

Please identify the name, title, department, and email of the individual(s) from whom you require this accommodation.

Please explain how the requested accommodation(s) will help you with your participation in academic and educational program(s) at UCR?

I hereby certify that the information I have provided in this request form is true to the best of my knowledge. I authorize the Title IX Office to contact the medical provider identified on this form for further information or documentation.

Signature: _____ Date: _____