Counseling and Accessibility Services
Student Center, Room 212
419 College Drive, Barnesville, GA 30204
Phone: 678-359-5585

Documentation Request-Pregnancy

Title IX provides for equal educational opportunities for pregnant students. It prohibits educational institutions from discriminating against students based on pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from any of these conditions. Every institution that receives federal financial assistance is bound by Title IX.

As with any student with a medical condition, and following the policies of the Gordon State College Title IX, the pregnant student is required to self-identify and register their pregnancy with the Office of Title IX. Pregnant students will be required to produce medical documentation for verification before any academic assistance will be considered and/or granted. Academic accommodations related to pregnancy are not retroactive.

Personal Information

Name_____
First Middle Last

Date of Birth _____ Under 18 ____Yes ____No GSC ID#_____

Local Address _____
Street Apt. #

_____
City State Zip Code

Permanent Address _____
Street Apt. #

_____
City State Zip Code

Phone _____ _____ _____
Cell/Local Permanent/Home Gordon State College Email Address

Emergency Contact Person (this can be a parent/guardian, friend, spouse)

_____
Name Relationship Phone Number

I, (print name) _____am requesting temporary academic accommodations from Gordon State College Title IX Office due to pregnancy or a pregnancy related condition. Information related to my pregnancy, including specifics such as my medical diagnosis and my projected due date, are required. I understand that students must follow the guidelines and provide information requested or accommodations may be delayed. I understand that accommodations are not retroactive, they will be available to me only after I have provided the required documentation and been approved. I authorize the Office of Title IX to contact my physican to request additional information or to clarify accommodations recommended by my physician. I have been provided with a copy of the Gordon State College Pregnant Student Title IX Guidelines.

_____	_____	_____
Date	Student Signature	GSC ID#

1. **Documentation must be on the Pregnancy Documentation Request form or on physician's letterhead and include all information on the documentation request form.**
2. **Documentation must include a medical diagnosis of pregnancy and a projected "due date".**
3. **<u>Documentation must be signed by the physician</u> (stamped signatures are not acceptable) and include the license number of the physician.**

It is important to note that a change in accommodations may occur due to the progression of the pregnancy. Any requests for a change in accommodations must be submitted with additional documentation supporting the need for different/additional accommodations. Routine doctor appointments related to the pregnancy are not excused, they must be scheduled at a time other than when classes meet.

Diagnosis: _____

Projected due date: _____

Is the student classified in the "high risk" pregnancy category? _____Yes _____No

Recommended accommodations and rationale:
What recommendations do you, the physician, make regarding effective accommodations to equalize this student's educational opportunities at the post-secondary level?

Accommodations recommended for the student:

- ☐ Excused absences-due to complications with pregnancy or due date
- ☐ Excused tardies-due to complications with pregnancy
- ☐ Frequent restroom breaks
- ☐ Permission to walk around during class
- ☐ Permission to eat/drink in class
- ☐ Permission to leave class suddenly-due to complications with pregnancy
- ☐ No lifting over 10lbs.
- ☐ Limited exposure to chemicals
- ☐ Adaptive furniture (table & chair)

Additional accommodations recommended and deemed medically necessary by the physician:

_____

_____

_____

_____

_____

_____

Please Print

Physician's Name: _____

License #: _____

Name of practice that physician is affiliated with: _____

Address: _____

Phone: _____ Fax: _____

Physician Signature: _____ Date: _____

(Please note, this form must be signed by the physician, not a representative from their office. Stamped signatures are not acceptable.)