



UNIVERSITY OF CENTRAL FLORIDA
Office of Institutional Equity

Pregnancy Accommodation Request Form

Policy Statement: Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs or activities including academic, educational, extracurricular, athletic, and other programs or activities of schools. UCF Policy 2.004 prohibits discrimination based on sex (including pregnancy and parental status).

Reasonable Accommodations: Students may request reasonable accommodations necessary due to the *student's pregnancy, pregnancy-related condition, and/or childbirth*. Reasonable accommodations include, but are not limited to: providing accommodations requested by the student to protect the health and safety of the student and/or the pregnancy; making modifications to the physical environment; providing mobility support; extending deadlines and/or allowing the student to make up tests or assignments missed for pregnancy-related absences; remote learning options; excusing medically-necessary absences; granting a withdrawal per UCF's medical withdrawal policy or implementing incomplete grades for classes that will be resumes at a future date; allowing breastfeeding students reasonable time and space to pump breast milk in a location that is private, clean, and reasonable accessible (bathroom stalls do not meet this requirement). A list of current designated lactations rooms can be found at:

<https://hr.ucf.edu/files/Lactation-Room-Locations.pdf>.

UCF is not required to modify the essential elements of any academic program or course.

Requestor Information

Student ID:

Request Date:

Name:

Last

First

M.I.

UCF Affiliation:

Undergraduate

Graduate

Visiting/Non-degree

Other (please specify):

Telephone:

Email:

Major/Program of Study:

Reasonable Accommodation Request

Term of Request: Fall Spring Summer

Courses for the Term of Request:

All courses for the term of the request

If your request is not for all courses in the term, please provide details for each course below.

Subject Course Section Instructor Instructor Email
 Number Number

Subject Course Section Instructor Instructor Email
 Number Number

Subject Course Section Instructor Instructor Email
 Number Number

Subject Course Section Instructor Instructor Email
 Number Number

Subject Course Section Instructor Instructor Email
 Number Number

Please select the reason for your request:

Excused absence due to pregnancy, pregnancy-related conditions, or childbirth: Please provide authorized documentation signed by a physician or other medical personnel on medical facility/doctor office letterhead. Document should state the situation/condition causing interference with class attendance and must include dates of treatment and date when you are medically able to resume class attendance.

Ability to make up missed exam/test due to pregnancy, pregnancy-related conditions, or childbirth: Please provide authorized documentation signed by a physician or other medical personnel on medical facility/doctor office letterhead. Document should state the situation/condition causing interference with completing the exam during the scheduled date and time and must include dates of treatment.

Accommodations due to pregnancy, pregnancy-related conditions, or childbirth: Please provide authorized documentation signed by a physician denoting proof of pregnancy and/or childbirth. Please select one or more requested accommodations, or select “Other” and list the accommodation(s) requested:

- Larger desk or work area

- Designated nursing/lactation room

- Breaks during class, as reasonably needed

- Attendance flexibility due to doctor's appointments

- Distance learning due to inability to attend in-person class meetings

- Other (please specify):

Medical Verification

Medical verification of pregnancy, pregnancy-related condition(s), and/or childbirth (please check the appropriate box below):

I have enclosed the applicable medical documents with this request.

I have NOT enclosed the applicable medical documents with this request. Please explain:

Genetic Information Nondiscrimination Act of 2009 (GINA)

The Genetic Information Nondiscrimination Act of 2009 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Release of Information

I hereby certify that all statements made above are true and accurate to the best of my knowledge and belief. I hereby authorize the release of the above information to the University of Central Florida for the purpose of determining the pregnancy, pregnancy-related condition, and/or childbirth and the appropriateness of the requested reasonable accommodation(s). I understand that it will be my responsibility to obtain appropriate medical documentation at the request of OIE. I further authorize the University of Central Florida to seek clarification of this document and any medical documentation provided, if necessary, by contacting my physician(s) or healthcare provider(s).

Requestor's Signature

Today's Date

**** Please return this completed form to:**
Office of Institutional Equity
University of Central Florida
12701 Scholarship Drive, Suite 101 (Building 81)
Orlando, Florida 32816-0030
Fax: (407) 882-9009 or Email: oie@ucf.edu

For OIE Staff Use Only

Date request received:

Date medical documentation received:

Request authorized by (sign):

Date of accommodation letter: