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 2.004-1 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 resumed at a future date; allowing breastfeeding students reasonable time and space to pump breast milk in a location that is private, clean, and reasonably accessible (bathroom stalls do not meet this requirement). A list of current designated lactation rooms can be found at https://facultyexcellence.ucf.edu/files/2018/07/Lactation-Room-Locations-1.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: _______________________________________________________________________

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Reasonable Accommodation Request

Term of Request:  □ Fall _____  □ Spring _____  □ Summer _____

Courses for the Term of Request:

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<th>Instructor</th>
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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): ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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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: 

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