

## Pregnancy Verification Form

The student named below may be eligible for temporary academic accommodations provided through the Services for Students with Disabilities (SSD) office and/or the Office of Title IX and Clery Compliance\*. Although pregnancy itself is not considered a disability, impairments related to pregnancy are disabilities that qualify an individual for temporary accommodations. In order to authorize these services, we must have written verification of the student's medical condition from their practitioner.

Please note: student medical records supplied to this office constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.

### Student Information

Students Full Name: \_\_\_\_\_

Campus ID Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By signing you authorize the following individual or organization to release the following information to Services for Students with Disabilities and The Office of Title IX and Clery Compliance at California State University, Fresno.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Remainder of Document is to be Completed by Practitioner

Licensed Practitioner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Is this student Pregnant? ☐ No ☐ Yes Expected Date of Delivery: \_\_\_\_\_

What is the **medically necessary** length of time this student will be unable to attend classes, after the above stated Expected Date of Delivery?

\_\_\_\_\_

Please list any pregnancy related diagnoses that may impact the student academically.

\_\_\_\_\_

\_\_\_\_\_

Physician recommended academic accommodations that this student may need to create an equitable learning experience:

---

---

---

---

**I Certify that this Individual is Experiencing a Pregnancy as Defined by the Above:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the address above in the form header. **ALL INFORMATION IS CONFIDENTIAL AND FOR PROFESSIONAL USE ONLY.** Please note: Under FERPA, the document is subject to review as a part of the education records of the office of Services for Students with Disabilities.

\*Title IX prohibits discrimination on the basis of sex; including pregnancy, parenting and all related conditions in education, and in programs and activities that receive federal funding. Visit [www.fresnostate.edu/titleix](http://www.fresnostate.edu/titleix) for more information on the rights and options for students who are pregnant.