

**UCR Office of Civil Rights 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: \_\_\_\_\_