



Pregnancy & Parenting Accommodations Request Form

All Information included in this document and its attachments are subject to all Privacy Policies and used solely for the purpose of determining eligibility for accommodations under Title IX of the Education Amendments of 1972.

Student's Name: _____ Program: _____

Campus: _____ Class Start Date: _____

Tricoci University of Beauty Culture institutions value equal educational opportunities for all students and complies with Title IX of the Education Amendments of 1972, pertaining to reasonable academic accommodations. The program and accommodations for Pregnancy & Parenting students are managed by the Campus Director in partnership with the Title IX Coordinator.

Federal law requires Tricoci University of Beauty Culture provide a pregnant or parenting student with the appropriate academic adjustments and auxiliary aids and services that are necessary to afford the pregnant & parenting student with an equal opportunity to participate in a school's program. Tricoci University of Beauty Culture is not required to make adjustments or provide aids or services that would result in a fundamental alteration of a recipient's program or impose an undue burden.

Reasonable and necessary accommodation for students can be granted on a case-by-case basis with the input of the student and their qualified healthcare provider.

Section I: To be completed by the student only. Please type or print legibly. Once this document has been completed in its entirety (2 pages), please submit this form to your Campus Director.

1. What is the anticipated birth date?

2. Identify how your pregnancy or pregnancy-related condition limits you in performing your job duties or participating in your education.

3. What type of accommodation(s) is requested?

Section II: To be completed by the applicant's qualified healthcare provider only. Please type or print legibly. Tricoci University of Beauty Culture may contact your office to verify this document.

In my medical and/or professional opinion, _____ qualifies for accommodations under Title IX of the Education Amendments of 1972.

1. What is the anticipated birth date?

2. I recommend and request the following accommodations be considered:

3. If applicable, please list any other pertinent information below.

Printed Name of Qualified Healthcare Provider

Signature of Qualified Healthcare Provider

Date

Office Address:

Office Phone Number:

Section III: To be completed by the student only. By completing this Pregnancy and Parenting student accommodations Form and signing below, you are seeking approval for accommodations as communicated in this document. If needed, you are also authorizing the Title IX Coordinator to contact your qualified Healthcare Provider to verify information.

Student Signature

Date