



**SOUTH GEORGIA
STATE COLLEGE**

Pregnancy & Parenting Accommodations Request

South Georgia State College is committed to the nondiscrimination, diversity, and inclusiveness of all individuals. This form is to be used when a SGSC student is seeking reasonable accommodations because of their pregnancy – related condition, and/or childbirth conflicts with their work environment or academic requirements.

For your request to be processed properly, please fill out the sections below completely. Once submitted, allow up to 3-5 business days to process your request. You will receive correspondence from our office regarding the next steps.

Please do not hesitate to contact the Title IX Office at (912) 260-4375 or titleix@sgsc.edu for any questions about the process.

Student Information

Student's Full Name:

Student's Phone Number:

Student's SGSC email address:

Student ID Number:

Program of Study:

SGSC Affiliation:

Location:

Accommodation Request Information

Please answer all questions below. All supporting documents (physician's letters, prognosis statement, etc.) should be uploaded below in the Additional Information & Supplemental Documents section.

What is the anticipated birthing date? (Required)

Identify how your pregnancy or pregnancy-related condition limits you in performing your job duties or participating in your education (Required)

Identify how your pregnancy or pregnancy-related conditions limits you in performing your job duties or participating in your education. (Required)

Identify requested accommodation (e.g., light duty, telecommuting, additional break time, etc.). (Required)

Are you providing medical verification of pregnancy, pregnancy-related condition(s), and/or childbirth from your licensed medical professional? (Required)

Yes

No

What term(s) are accommodations being requested for? (Required)

I hereby certify that all statements made in this request are true and accurate to the best of my knowledge and belief. I hereby authorize the release of the information to South Georgia State College 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 from your licensed medical provider at the request of SGSC. I further authorize South Georgia State College to seek clarification of this document and any medical documentation provided, if necessary, by contacting my medical professional (s). (Required)

I agree

I disagree

Additional Information & Supplemental Documents

South Georgia State College will need to obtain additional information and or/documentation about your condition from your licensed medical professional. 5GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.

Email me a copy of this report