



Pregnancy Adjustment Request Form

This form is intended for student use. SUNY Poly employees seeking pregnancy accommodations should contact Human Resources for assistance.

Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in any education program or activity receiving Federal financial assistance. Further, recipients of federal funding are prohibited from discriminating against or excluding any person on the basis of pregnancy, childbirth, termination of pregnancy, or recovery from any of these conditions.

SUNY Poly’s Title IX Office is responsible for coordinating the College’s compliance with Title IX. As such, the Title IX Coordinators provide pregnant and parenting students with assistance in seeking adjustments. This form should be completed and submitted to a SUNY Poly Title IX Coordinator to initiate an adjustment request.

Please note that students requesting to utilize the breastfeeding room on campus do not need to complete this form. Please contact Katie Tynan-Simon via ktynan@sunypoly.edu or 315-792-7235 to request access.

Name	
Student U#	
Major	
Phone	
Email	

1. Identify the specific adjustment(s) you are requesting:

2. Please indicate the approximate date the adjustment(s) will become medically necessary and the length of the adjustment, if known:

3. Please provide a brief explanation of the medical condition and the need for the reasonable adjustment:

4. Medical Documentation must be submitted in support of an adjustment request. Consistent with the SUNY Poly's Office of Disability Services [Guidelines for Documentation](#), medical documentation submitted should include:

- A diagnostic statement
- The current functional impact of the condition, or limitations imposed by the condition, as well as a statement explaining how the condition or disability affects participation in academic coursework.
- Prognosis or anticipated changes, progression or duration over time
- Treatments, medications, devices or services currently prescribed or used to mitigate the impact of the condition.
- Any adverse impact of those treatments, medication, devices or services which may require accommodation.

Acceptable documentation should be from an appropriate professional who specializes in the treatment or evaluation of that particular diagnosis or condition. Documentation should be on

letterhead stationery and be signed by that professional. ***Please note that medical documentation should be submitted to the Title IX Office and should not be provided to your professors directly.***

I, (your name) _____, am requesting an adjustment(s) due to pregnancy, childbirth, termination of pregnancy, or recovery from any of these conditions. I give permission to the Title IX Coordinators to discuss information relating to my functional need with other SUNY Poly faculty and staff members, including the Office of Disability Services if applicable, for the purpose of securing reasonable adjustments. I understand that failure to submit acceptable medical documentation in support of my adjustment request may delay or prevent SUNY Poly from making a determination regarding my adjustment request.

Signature

Date

Completed adjustment request forms can be submitted to:

Katie Tynan-Simon

ktynan@sunypoly.edu

315-792-7235

Student Center S228 (Utica campus)

NFE #4250 (Albany campus)