Mississippi State University

Office of Civil Rights Compliance

Request for Pregnancy Accommodation

Mississippi State University is committed to providing an accessible and inclusive environment for all students, including those who are pregnant or are parents. This form is to request that the university provide specific accommodations related to pregnancy or childbirth in academic or other non-employment university programs. Requests for pregnancy-related employment accommodations should be directed to MSU Human Resources Management.

When you submit this form, the university will initiate an interactive process to determine what if any accommodations may be appropriate in your specific case. The university will respond promptly to requests, but it is imperative that requests be submitted as soon as the requesting party becomes aware of the likely need for an accommodation. Both you and any affected instructors or other personnel are expected to participate in that process in good faith. As part of that process, you may be asked to submit documentation of any specific limitation or complication that you believe warrants the requested accommodation.

**Requesting Party’ Identifying Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net ID (or other email):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MSU ID (if applicable)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your relationship to Mississippi State University?**

**Accommodation Request**

|  |  |
| --- | --- |
| * **Student**
 | * **Employee -** Position/department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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|  |  |
| * **Participant in MSU Program** - Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| * **Guest or other** – Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Please identify the specific accommodations or adjustments you are requesting:

Please indicate the date the accommodation(s) or adjustment(s) will become necessary and the approximate length of time they will be needed, if known:

If your request is due to any specific medical condition or complication—aside from pregnancy or childbirth generally—please provide a brief explanation:

**Certification**

I certify that the above information is true and correct. I request that the university initiate an interactive process to identify an appropriate accommodation or adjustment. I understand that submitting this request is not a guarantee that any particular request can be granted. I agree to participate in good faith in the interactive process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date