

VERIFICATION OF PREGNANCY

Excelsior University provides accommodations to ensure equal access to educational programs and activities. Current and comprehensive documentation from an appropriate provider (unrelated to the student) is required to assist with the provision of appropriate, reasonable accommodations during pregnancy and for nursing.

**THIS SECTION TO BE COMPLETED BY A LICENSED PHYSICIAN OR NURSE ONLY.
PLEASE PRINT OR TYPE**

Today's Date: _____ Provider Name: _____

Provider License #: _____ Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

Anticipated/Delivery Date: _____

Recommended Accommodations, Limitations, Breaks, Extended Time, Ability to drink/snack):

Duration of Pregnancy/Nursing: _____

Provider Signature: _____ Date: _____

THIS SECTION TO BE SIGNED BY THE STUDENT

I authorize the above provider to release to Accessibility Services the above requested information for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Excelsior University.

Student Signature: _____ Date: _____

Please return this form by email. Save/scan to .PDF or take a clear photo, save as .JPG/.PDF and attach.

Accessibility Services Contact Information:
Phone: 844-427-4356 | Email: ACS@excelsior.edu