



## Verification in Support of Title IX Pumping Request

Excelsior College provides services and accommodations to persons with disabilities and temporary medical conditions to ensure equal access to educational programs and activities. Current documentation from an appropriate provider (unrelated to the student) is required to assist with the provision of appropriate, reasonable accommodations and auxiliary aids. Additional documentation may be required.

To be completed by:

1. A primary care provider, or a pediatrician caring for the newborn/infant

Please print or type:

Today's Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ License # \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Anticipated need for pumping accommodations until: \_\_\_\_\_ date Please

indicate in pounds if the student has any lifting limitations: \_\_\_\_\_ pounds I attest that the

information added to this form is accurate as of the date signed.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Release (sign and date):

I authorize the above provider to release the Disability Services Office at Excelsior College the above requested information for the purpose of determining appropriate accommodations for my temporary condition while a student at Excelsior College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return through the Message Center to Disability/ADA Services, by email to [ACS@excelsior.edu](mailto:ACS@excelsior.edu), or by mail to Accessibility Services, Excelsior College, 7 Columbia Circle, Albany, NY 12203.