



Verification of Pregnancy

Excelsior College provides services and accommodations to persons with disabilities and temporary medical conditions 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 and auxiliary aids. Additional documentation may be required.

To be completed by:

A licensed obstetrician, a physician assistant or nurse practitioner in an obstetrical practice, or the primary care provider.

Please print or type:

Today's Date: _____

Provider's Name: _____ License # _____

Address: _____

Phone: _____ Fax: _____

Student's Name: _____ DOB: _____

Diagnosis: _____ Anticipated Date of Delivery: _____

Recommended accommodations or aids (breaks, extended time, ability to snack, etc.):

Please indicate 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 via mail to: Accessibility Services, 7 Columbia Circle, Albany, NY 12203 or as an attachment to an email to ACS@excelsior.edu. The student may also scan the document as a PDF and send it as an attachment to a message through the Message Center to Disability/ADA Services.