



## **Title IX Post-Partum Verification Form**

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs or activities including academic, educational, extracurricular, athletic, and other programs or activities of schools. This prohibition includes discrimination against pregnant and parenting students.

Students may request adjustments based on general pregnancy needs, accommodations based on a pregnancy-related complication, and needs related to post-delivery.

***Top Portion to be completed by the student:***

<b>Student Full Name:</b>
<b>Date:</b>
<b>Student ID #:</b>
<b>Student Address:</b>
<b>Term:</b>
<b>Phone Number:</b>
<b>Campus Email:</b>
<b>Alternate Email:</b>
<b>Dates Hospitalized due to Pregnancy (Please provide a date range):</b>
<b>Actual Date of Delivery:</b>
<b>Will you be breastfeeding and needing campus lactation room locations: Yes or No</b>
<b>Any Specific Major/Program Return Concerns:</b>



***Bottom Portion to be completed by the OBGYN/RN:***

<b>Verified Dates of Hospitalization:</b>
<b>Verified Date of Delivery:</b>
<b>Type of Delivery:</b>
<b>Complications &amp; Restrictions (Related to the baby and/or the mother – please list all):</b>
<b>Recommended Return to School Date:</b>
<b>General Comments:</b>
<b>Provider Name:</b>
<b>Name of Practice:</b>
<b>Provider Phone Number:</b>
<b>Provider Signature:</b>

**Please send completed form to:  
Attn: Demetria Nickens  
Fax Number – 336-224-4610  
Scan to Email – [titleix@davidsondavie.edu](mailto:titleix@davidsondavie.edu)**