Background pattern

Description automatically generated with low confidence

# Student Parental Accommodation Request Form

# For the Student to Complete - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Student Information:**

Name: Date: Student ID:

Program/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commuting Student (check one): Yes No

Campus Residential Location (if applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Term: Spring Summer Fall Enrollment Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Butler Email:

Financial Aid Benefits (Please include all scholarships, grants, or other financial aid you receive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Request:**

Pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Due Date) Childbirth Post-Partum

Loss or Termination of Pregnancy (Voluntary or Involuntary)

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate the activities below that you believe are impacted because of your condition:**

Eating

Standing

Sitting

Walking

Lifting weight: Please specify not to exceed lbs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performing Manual Tasks

Exposure to specific chemical/s: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate whether you would like assistance in ensuring extensions, additional absences, or coursework substitutions. (Please attach a copy of your schedule).**  YES NO

# Student Acknowledgments

Initial each of the following to acknowledge you agree with the statements. If you do not agree with any of these statements, please contact the Title IX Coordinator to discuss prior to submitting this request.

I agree to allow the Office of the Title IX Coordinator to communicate with Butler University faculty, staff, administrators and clinical education staff to facilitate implementation of any approved accommodation in my classes and program of study.

I have reviewed the Student Parental Accommodation Policy.

I understand that the implementation of some accommodations, (alternative testing site, use of specific materials in class, etc.), require some level of disclosure to the appropriate Butler University faculty and staff. The Title IX Office seeks to minimize disclosure whenever possible.

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Printed Name Date

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Signature