OGDEN-WEBER
TECHNICAL COLLEGE

OFFICE USE ONLY	
Received	_ Intake

Pregnancy and Pregnancy-Related Request Form

This form is required for both new and continuing students to determine eligibility for pregnancy-related accommodations, which is classified as a temporary disability under Title IX regulations

Name: _____

Program: _____ Student ID #: _____

Anticipated Due Date: _____ Phone #: _____

Please describe any limitations or barriers you have experienced (or anticipate) related to the above disability; if possible, focus on issues related to your academic needs.

_____

_____

_____

Identify any accommodations or services which will best enable you, as a student, to overcome the limitation(s) indicated above.

_____

_____

_____

_____

Student Signature: _____ Date: _____

Please complete and return this form to the Title IX Coordinator.

Appointments can be made by calling 801-627-8300 or email titleix@otech.edu.