

Title IX Pregnant and Breastfeeding Form

Please fill out, *print and sign*, then returned this completed form to <u>kayla.allen@normandale.edu</u> <u>before</u> the start of your in person or Zoom meeting

Tennessen Warning Summary: (Full document available upon request). Normandale Community College is asking you to provide information that is private under State and Federal Laws. The information is used to evaluate your request for supplemental services and to determine if you are eligible for services. You are not required to provide this information. However, the college may not be able to provide modifications if you do not provide sufficient information. Access to this information will be limited to staff involved in the supplemental services process. The release of this information without your consent can be provided to individuals or agencies authorized under State and Federal Laws. I have been informed of this law, and I authorize the collection of private information. **AND** I understand that the information from my modification plan may be conveyed to Normandale faculty and staff who have an educational need to know through the means that may include, but is not limited to, campus mail, phone calls, personal meetings, and e-mails. Student's Signature Student's First and Last Name: ______ Tech ID# (or star ID): _____ Pronouns: Prefer not to say She/Her They/Them Other: Student's Cellphone Number: _____ Major: Current Status at Normandale: Freshman Returning Transfer Visiting Baby's Expected Due Date: _____ Please note, you will need to provide documentation to confirm pregnancy. How did you hear about Title IX Pregnant and Breastfeeding? ☐ College Instructor ☐ Friend/Family Member ☐ Class Syllabus ☐ Other: _____ Optional: Any other brief information you would like to share before your meeting: