



Central Carolina Technical College  
Title IX Pregnancy Services  
Leslie Abraham (803) 778-7871 (o)  
(839) 213-5018 (f)  
abrahamlm@cctech.edu

## Student Intake Form

C#: \_\_\_\_\_

Request for Service Date: \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

THE ABOVE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED TO SUPPORT TITLE IX PREGNANCY SERVICES AT CENTRAL CAROLINA TECHNICAL COLLEGE. RELEASE OF INFORMATION TO ANY OTHER ENTITY MUST BE DONE IN WRITING.



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## Office of Title IX Services Information/Documentation Verification Form

This Title IX Verification Form will be used to support academics at Central Carolina Technical College. The student's medical information will help Central Carolina Technical College faculty and Title IX staff to determine reasonable accommodations in the academic setting. Please provide the following information as well as any other documentation on letterhead describing the diagnosis and recommended accommodations in an academic setting for student,

\_\_\_\_\_.

### Diagnosis and Limitations:

Dates of Pregnancy: \_\_\_\_\_

Date of Anticipated Delivery: \_\_\_\_\_

Expected Recovery Time: \_\_\_\_\_

Explain any conditions unique to this pregnancy that may affect the student's ability to attend class or complete classwork:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Accommodation Recommendations:

- ☐ Flexible attendance (Students are encouraged to maintain written documentation from individual appointments or hospitalizations as needed)
- ☐ Personal care break (i.e. snacks, restroom)
- ☐ Priority seating
- ☐ Other (please specify) \_\_\_\_\_

Diagnosing Professional (print): \_\_\_\_\_

Diagnosing Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Title IX Services Release of Information Form

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The purpose of this release form is to gain permission to disclose/obtain confidential information on a need-to-know basis from or to any of the designated parties.

I, \_\_\_\_\_ CCTC# \_\_\_\_\_,  
hereby authorize the release of faculty notification letters identifying my approved academic accommodations and providing information necessary to allow me to access my educational program.

Faculty/Staff (names): \_\_\_\_\_  
\_\_\_\_\_

I understand this information is needed to provide me with Title IX accommodations and services. This information is confidential and will not be released without my prior written consent. Exceptions to the privilege of confidentiality allow the disclosure of this information when deemed necessary to protect me or others from imminent physical danger, where child abuse is present, or upon court order.

I understand that faculty notifications do not remove my responsibility to communicate with my instructors about ongoing or changing circumstances.

I understand that faculty notifications also do not remove any requirements for coursework assigned per each course's syllabus. Accommodations are designed for each student to help them complete their coursework successfully and do not excuse students from any assignments.

This authorization shall remain in effect during my pregnancy and recovery period while attending classes at Central Carolina Technical College or until I revoke it in writing.

Student signature	Date
Witness	Date

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