



1801 East Cotati Avenue  
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS  
*Division of Student Affairs*

PH: 707.664.2677 • Fax 707-664.3330 • Dial 711 for Relay  
www.sonoma.edu/dss

### PREGNANT/NURSING PARENT ACCOMMODATION REQUEST FORM

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Cell #: \_\_\_\_\_ SSU ID#: \_\_\_\_\_

SSU Email: \_\_\_\_\_@sonoma.edu Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pregnant                  Nursing

#### ACCOMMODATION(S):

What accommodations are you requesting at this time?

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

If provided, I understand that I will not share the access code to the Nursing Parent room and that I will contact DSS each semester that the room is needed to acquire a new code.	
Student's Signature:	Date:
Disability Management Advisor's Signature:	Date:

THE CALIFORNIA STATE UNIVERSITY