

# RANGER



# COLLEGE

## **Title IX Pregnant and Parenting Student Resources and Accommodation Request Form**

Ranger College is committed to supporting pregnant and parenting students in accordance with Title IX and Texas Education Code §51.982. This form is to be used by students who are requesting accommodations due to pregnancy, childbirth, false pregnancy, termination of pregnancy, or parenting-related responsibilities.

The U.S. Department of Education's regulation implementing Title IX specifically prohibits discrimination against a student based on pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from any of these conditions. The Title IX regulation also prohibits a school from applying any rule related to a student's parental, family, or marital status that treats students differently based on their sex.

For further information or guidance regarding Title IX for pregnant and parenting students, please contact Patti Woolam, Pregnant and Parenting Student Liaison at 254-433-1617.

### **Student Information:**

Your Full Name: \_\_\_\_\_

Your Student ID: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

### **Please select from the following options: (Required)**

- ☐ Pregnant
- ☐ Parenting
- ☐ Both (currently have children and are pregnant)

### **Campus Designation: (Required)**

- ☐ Ranger Main Campus
- ☐ Stephenville
- ☐ Brownwood
- ☐ Comanche

**Are you requesting academic accommodations? (Required)**

☐ Yes

☐ No

**Semester you are requesting accommodations to begin: (ex. Fall 2025)  
(Required)**

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**Accommodation Request:**

Please describe the circumstances of your request and the type of accommodations you are seeking. Please attach any supporting documentation (e.g., doctor's note, hospital discharge papers, etc.).

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**Expected Dates of Absence:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Course Information:**

Please list the courses you are enrolled in during the semester of this request:

Course 1: \_\_\_\_\_

Course 2: \_\_\_\_\_

Course 3: \_\_\_\_\_

Course 4: \_\_\_\_\_

**Supporting Documentation:**

Please attach any documentation that you would like to be reviewed.

**Acknowledgement and Signature:**

I certify that the information provided is accurate to the best of my knowledge. I understand that this form does not guarantee approval and that I may be contacted for additional information.

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

**Submit Completed Form to:**

Title IX Coordinator  
Ranger College  
1100 College Circle  
Ranger, TX 76470  
Email: [pwoolam@rangercollege.edu](mailto:pwoolam@rangercollege.edu)  
Phone: 254-433-1617