

Meal Plan Medical Accommodation Request Form

This form is for students requesting a medical accommodation or exemption from the mandatory campus meal plan due to documented medical conditions or severe food allergies. Please print this form, complete it with your licensed medical provider, and submit it to the Disability Services office.

Section 1: Student Information

Student Full Name:

Student ID Number:

Email Address:

Phone Number:

Academic Term/ Semester (e.g., Fall 2024):

Current Assigned Campus Housing / Residence Hall:

Section 2: Accommodation Request Details

Describe your diagnosed medical condition or severe food allergy:

List specific foods or ingredients that must be strictly avoided (if applicable):

Describe the specific accommodation you are requesting (e.g., modified meal plan, full meal plan exemption):

Section 3: Licensed Medical Provider Information

To be completed and signed by a licensed healthcare professional (physician, allergist, gastroenterologist, etc.).

Medical Provider Name and Title:

Medical Practice / Clinic Name:

License Number and State of Licensure:

Provider Phone Number:

Provider Email Address:

Section 4: Signatures and Verification

By signing below, the student and medical provider certify that the information provided is accurate and necessary for the student's health and well-being.

Student Signature (Sign on printed line):

Date:

Medical Provider Signature (Sign on printed line):

Date: