

## Meal Plan Accommodation Form

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS/BOX \_\_\_\_\_ ID # \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DURATION OF REQUEST: Short term/Long term Academic Year: \_\_\_\_\_

NATURE OF INQUIRY/DIAGNOSIS

---

---

---

SPECIFIC ACCOMMODATION REQUEST:

---

---

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

I will/have provide medical documentation to disability services.

Permission given to discuss with Committee for Special Accommodations.

**ACTION TAKEN:**

Referred to Union Dining Website

Interviewed student

More documentation requested

Other \_\_\_\_\_

Committee Decision \_\_\_\_\_

Letter Mailed \_\_\_\_\_

---

Initials/Date