

## Dietary-Based Accommodation Request Form

To be completed by the Student's Health Care Professional

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Union College has established procedures to ensure that students with documented disabilities have access to reasonable on-campus dietary accommodations.

As a four-year residential college, all students living on campus are required to purchase a meal plan. Students in need of dietary accommodations should not expect an exemption from this meal plan requirement. Dietary accommodations can be facilitated through Union College Hospitality, where every reasonable effort will be made to support students' dietary needs.

This form is to be completed by a licensed physician or other professional health care provider with experience and expertise in the area for which the accommodations are being requested. Such individuals must be impartial and may not be related to the student. *(NOTE: If a student is seeking a housing accommodation on the basis of a dietary-related disability, both the housing and dietary forms should be submitted.)*

**Supporting Documentation** - Different medical conditions require different assessment procedures. Supporting documentation may include:

- Copies of office visit summaries related to the accommodation request
- A list of currently prescribed medications
- A summary of assessment procedures, along with specific evaluation results
- A summary of present and/or fluctuating symptoms that meets the criteria for the diagnosis
- Relevant developmental and historical data, if appropriate

Any information/summaries that are not part of the electronic medical records should be provided on official letterhead with clear contact information.

Documentation for eligibility must reflect the current functional impact the disability has on the student's learning or major life activity and the degree to which it impacts the student with regard to dining.

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Dietary-based disability accommodation requests that are referred to Accommodative Services are handled by the Special Accommodations Committee (SAC). These requests are determined on a case-by-case basis, according to documented need and prevailing standards for reasonable accommodations. The SAC will review the student's documentation and determine an appropriate and reasonable dietary accommodation, if warranted. The College does not grant accommodations solely on the recommendations of care providers, but on the documented functional limitations posed by the student's disability under the ADA and Section 504 of the Rehabilitation Act. The SAC will notify students of its decision in writing. If the accommodation is not granted, students may appeal the decision to the ADA/504 Coordinator. Students may also reapply for the following trimester.

Please confirm that the student has authorized you to provide Union College with the documentation and information, including follow-up information, needed to consider this student's dietary accommodation request. Upon completion, this form and related documentation should be sent directly to Shelly Harrington, Director of Accommodative Services, at [harrings@union.edu](mailto:harrings@union.edu) or Union College, Accommodative Services Office - Schaffer Library - Room 222, 807 Union St., Schenectady, NY 12308.

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**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**CARE PROVIDER INFORMATION**

**PROVIDER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PROVIDER STAMP:**

**EMAIL:** \_\_\_\_\_

*A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.*

1. Under the ADA, this individual has a... (please select) Disability \_\_\_\_ **or** Temporary Impairment \_\_\_\_
2. Please list the student's diagnosis(es).  
\_\_\_\_\_  
\_\_\_\_\_
3. The condition is: Permanent \_\_\_\_ Temporary \_\_\_\_
4. If relevant, the student is allergic to: \_\_\_\_\_  
Triggered by: CONTACT \_\_\_\_ INGESTION \_\_\_\_ AIRBORNE INHALATION \_\_\_\_
5. Date of diagnosis: \_\_\_\_\_ Made by you? YES \_\_\_\_ NO \_\_\_\_  
Dx made by \_\_\_\_\_
6. Date of most recent consultation: \_\_\_\_\_ Currently under your care? \_\_\_\_
7. Length of time under your care: \_\_\_\_\_
8. Describe any relevant side effects of prescription medication(s):  
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9. Please describe the type, severity, and frequency of symptoms currently experienced by the students, and how the disability interferes with eating or dining in college facilities.

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10. As a reminder, all Union College students living on campus are required to be on a meal plan. Please indicate what modifications you are recommending to address this student's dietary needs, and explain why the modification to the standard meal plan would alleviate the limitations posed by the student's underlying condition.

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11. Please provide any other information or comments that you feel the Special Accommodation Committee should be aware of.

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12. \_\_\_\_\_ I have attached the supporting documentation which led to the diagnosis(es).

***My signature verifies that I am or have been this student's treating health care provider, that the contents are true and accurate, and that I am not a relative of the student.***

\_\_\_\_\_  
Care Provider Signature (Please sign digitally or print & sign above.)

\_\_\_\_\_  
Date