

## Meal Plan/Dining Accommodation Request Form

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

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

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

DURATION OF REQUEST: Short term/Long term ACADEMIC YEAR: \_\_\_\_\_

NATURE OF INQUIRY/DIAGNOSIS:

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SPECIFIC ACCOMMODATION REQUEST:

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STUDENT SIGNATURE:

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I will/have provide(d) medical documentation to Accommodative Services.

Permission given to discuss with the Special Accommodations Committee.

This form should be returned to: Shelly Shinebarger, Director  
Accommodative Services, Union College  
Reamer Campus Center Room 303  
807 Union St., Schenectady, NY 12308  
Email: [shinebas@union.edu](mailto:shinebas@union.edu)

**ACTION TAKEN:**

Referred to Union Dining Website

Interviewed student

More documentation requested

Other \_\_\_\_\_

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

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

\_\_\_\_\_

Initials/Date