



Request for Dietary Accommodation

PART I: TO BE COMPLETED BY THE STUDENT

To request a dietary accommodation, please first review the [Guidelines for Dietary Accommodations](#) and the [Campus Dining Resources for Students with Allergies](#) then provide the following information:

Student's Name _____

LAST NAME,

FIRST NAME

MIDDLE NAME

Date of Birth _____ Cell number _____ Class Year _____

Time period requested for dining accommodation _____ to _____

START

END

1. Have you read and reviewed the information about the extensive dining options available on campus, including the offerings at the [True Balance Station](#)? Yes No
2. Have met with the Dining Services General Manager and/or dietician? Yes No
(If you have not yet met with them, please do so prior to completing this request by contacting joseph.boyd@scranton.edu.)
3. Please provide details about your dietary needs and your requests for accommodation(s).

4. Please describe why you believe your dietary needs are not met by the available options on campus.

PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The student named above has applied for an accommodation based on special dietary needs at The University of Scranton. To determine the student's eligibility for reasonable and appropriate accommodations, please provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information you provide will be kept confidential.

Please take into consideration when completing this form:

- All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
- The medical provider may attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted as well.
- The medical provider completing this form cannot be a relative of the student and must have seen the student within the last 12 months.

If you have any questions, please email non-academic-accom@scranton.edu.

1. Is this student currently under your care? Yes No
1a. When did you last see/evaluate this student? _____
2. What is the student's diagnosis/medical condition? (e.g., allergen or dietary trigger such as Crohn's disease, celiac disease,

peanut allergy, etc.)

3a. Date of diagnosis _____

3. Does this condition/impairment require dietary accommodations? Please describe why/how.

4. If the student is currently undergoing medical treatment, please describe and indicate how this treatment might impact their dietary choices.

5. Please describe why the extensive dining options offered by the University's dining services, including at the [True Balance Station](#), does not meet the needs of the student?

6. Please provide specific dietary accommodations with justification as to why these accommodations will provide greater access to on campus dining for the student.

Accommodation _____

Justification _____

Necessary

Beneficial but not necessary

Accommodation _____

Justification _____

Necessary

Beneficial but not necessary

Name/Title _____

Address _____

Phone _____ License number _____

Signature of provider _____ Date _____

By typing your full name you are hereby signing this form.

Please email the completed form to non-academic-accom@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.