**REQUEST FOR DIETARY ACCOMMODATIONS**

**STUDENT FORM**

Full-time students who are required or have chosen to have a meal plan through Bon Appetit who have diagnosed medical conditions/impairments that require alternative dining options are eligible to request dietary accommodations. Students seeking dietary accommodations must be currently registered/in the process of registering with Student Accessibility and Accommodations (SAA) for the related medical condition/impairment and have their needs documented by a health care provider.

*Please note, this form must be accompanied and supported by the Request for Dietary Accommodations Provider Form to begin the accommodation request process.*

|  |  |
| --- | --- |
| **Student Name:** | **Emmanuel ID#:** |
| **Address:** | **Cell Phone:** |
| **Emmanuel Email:** | **Class of:** |
| **Date of birth:** | **Academic year for request:** |

1. **What are your specific dietary limitations and their severity?**
2. **Please list your specific food allergies/intolerances directly related to the accommodation request.**
3. **Please state the requested reasonable accommodation(s) due to your dietary limitations.**
4. **Currently, what are typical meal options for you for breakfast, lunch, and dinner?**
5. **Please provide any other relevant information that you feel is necessary.**

By signing below, I certify that the above statements are correct, and I authorize Emmanuel College to release or exchange information with my provider and other institution officials as necessary to assist in the accommodation process.

|  |  |
| --- | --- |
| **Student signature**: | **Date**: |

**Please return completed form to:** [**SAA Email**](mailto:SAA%20Email)**:** [**accommodations@emmanuel.edu**](mailto:accommodations@emmanuel.edu)

**SAA Fax: 617-975-9322**

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