

Dietary Accommodation Request Form

To be completed by Licensed Medical Professional.

Lewis University is dedicated to full participation of students in all aspects of college life, including dining services. However, the student below is requesting dietary accommodations for the meal plans offered at Lewis University.

To determine reasonable accommodations for participation, Lewis University requires current documentation from a licensed health care provider. This form must be filled out by a provider that is familiar with the student's condition and cannot be a relative of the student. The provider may also attach a report or plan providing additional related information. Name, signature, title and professional credentials are required.

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Describe/explain any other alternatives to the standard meal plan that will assist this student:

LICENSED PROVIDER INFORMATION:

Provider Name: _____

Title: _____

Phone Number: _____

License/Certification Number: _____

Signature: _____

Submit the Dietary Accommodations Request form and Related documentation to: [extension_emhL:722_646003_Tw 2 \(s\)](mailto:extension_emhL:722_646003_Tw_2@s)