LIMESTONE
EQUITY AND INCLUSION OFFICE

Dietary Accommodations Request Form (To be completed by student.)

Student Name	Student DOB	Student ID#
Campus Address and Phone Number	Email Address	
Permanent Address	Emergency Contact Information	
Treating Medical Doctor (who will be providing medical documentation of disability)	Medical Doctor Address and Phone Number	

Requested Dietary Accommodation(s):	
Diagnosis Related to Disability and Severity of Condition (e.g., Is the condition life-threatening? What steps have been taken to mitigate symptoms? Is there an emergency plan in place should student come in contact with food allergens?) :	
Prescribed foods (Attach separate list, if needed):	Foods that must be avoided along with substitutions:

Student Signature:_____ Date: _____