UNIVERSITY OF NEW ENGLAND

INNOVATION FOR A HEALTHIER PLANET

STUDENT DISABILITY ACCESS CENTER

Dietary Accommodation Verification Form

Requests for exemption from the campus meal plan should be directed to the Student Disability Access Center by submitting an application and documentation (per the Guidelines for Providing Documentation for Physical Disabilities). Specifically, documentation of food sensitivity, allergy, and restriction should include:

- The condition requiring the accommodation
- The current impact and severity of the condition
- A listing of types of food the student is to avoid with corresponding severity of reaction

This document serves as a supplemental form for dietary accommodation requests, to be filled out by student's treatment provider, including medical doctors, dietitians, nutritionists, and allergists who are appropriately licensed. **Completed forms should be returned to bcstudentaccess@une.edu or via fax to (207) 602-5971.**

Student Name: Email:

Food Allergies and Medical Conditions
(please check all that apply):

[ ] Gluten/Wheat	[ ] Eggs	[ ] Soy
[ ] Dairy	[ ] Fish	[ ] Tree nuts
[ ] Peanuts	[ ] Shellfish	
Other (please specify):		

[ ] Gluten Intolerance

Other Medical Conditions requiring Accommodations (please specify):

Does student carry a prescribed epi pen? Yes No

Specialist Name: _____

Specialist Signature: _____

Date: _____

License #: _____

Address/Phone: _____

_____

Please indicate what type of reaction or severity of student's allergy/intolerance by circling any of the symptoms illustrated below