

Meal Plan Modification Request Form

Name: _____ Student ID: _____

Email: _____ Phone: _____

Current Meal Plan: All Access Diamond All Access 12 Meals Per Week
 Block 160 Block 120 Block 80 Block 40

Desired Meal Plan: All Access Diamond All Access 12 Meals Per Week
 Block 160 Block 120 Block 80 Block 40 None

I am requesting a meal plan modification for the following reason:

A. Medical: Please attach a letter fully describing your dietary requirements as well as the completed Medical Documentation Form signed by your Physician.

B. Food Allergy: Please attach a letter fully describing your dietary requirements as well as the completed Medical Documentation Form signed by your Physician.

C. Other: Please attach explanation regarding your dietary restrictions

RELEASE OF INFORMATION REQUEST TO BE COMPLETED BY STUDENT

I hereby authorize my treating physician to discuss and release all pertinent information to the College of Charleston (Housing & Residential Life, Disability Services, and Business and Auxiliary Services) which relates to the accommodations that I have requested and to establish the validity of my request. This information will be used for the express purpose of determining meal plan accommodations and will not be released to anyone else, other than the aforementioned personnel.

- I have the right to inspect and receive copies of written information to be disclosed.
- The information disclosed as a result of this consent cannot be re-disclosed by the receiving agency/facility/person to anyone not permitted by this release, unless I specifically authorize it.
- I understand that if I refuse to consent to this disclosure of information my request will be incomplete.
- My signature indicates the statements/documentation I have provided are true and accurate.

Student Signature _____ Date _____

Please submit this form via email or in person to the Dining Services Registered Dietitian:

Galloway-ashley@aramark.com, 843-953-5865

65 George St, Charleston, SC 29424