

Faulkner University
Request for Meal Plan Exception

Student's Name _____ ID# _____

Phone # _____ Email address _____

I am currently a: **Freshman** **Sophomore** **Junior** **Senior**

I have discussed my needs with Project Key(a service for student's with disabilities): **No** **Yes**

I authorize my physician to provide additional information (if necessary) concerning my diagnosis/diet to the appropriate Faulkner University personnel

Student's signature _____ Date _____

To be completed by physician

Diagnosis _____ Date of onset _____

Summary of the procedures and laboratory results used to arrive at the diagnosis:

Explain why the regular menu with self-selection is detrimental to your patient's health.

What special diet/diets do you recommend that this student follow? (please attach a copy of the diet.)

Would you like for your patient to receive guidance in how to select food appropriate for his/her diet? No _____ Yes _____

If not, why? _____

Estimate the length of time that this diet is necessary: _____

Physicians's signature _____ Date _____
Print name _____ Phone # _____
Address _____

Please send all information to:

Project Key
Faulkner University
5345 Atlanta Highway
Montgomery, AL 36109
Phone: 334-386-7185
Fax: 334-386-7124

FOR FAULKNER USE ONLY

Term/Year: Fall _____ Winter _____ Spring _____ Summer _____
Date received _____ Date review completed _____ Reviewed by _____