

Request for Meal Plan Exemption

Printed name of student: _____ Faulkner student ID#: _____

Student phone number: _____

Faulkner email address for student: _____

I am currently a: Freshman Sophomore Junior Senior

I will be living or am living in campus housing. Yes No

I have discussed my needs with Project Key (a service for students with disabilities): Yes No

I authorize my physician to provide additional information (if necessary) concerning my diagnosis/diet to the appropriate Faulkner University personnel. Yes No

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, provided on campus and using the student's personal choice of food, is detrimental to your patient's health. _____

What special diet(s) do you prescribe for your patient? (Please attach a copy of the diet(s), thank you.) _____

Do you wish that your patient receive guidance in how to select food, from qualified Faulkner staff, for his or her diet? Yes No

If not, why? _____

Please estimate the length of time that this diet is necessary. _____

Printed name of physician: _____ Date: _____

Address: _____

Phone number: _____

Physician's signature: _____

Please send all information to:

The Center for Disability Services: Project Key
Faulkner University
5345 Atlanta Highway
Montgomery, AL 36109
Phone number: 334-386-7185
Fax number: 334-386-7124

To be filled out by Project Key at Faulkner University staff only:

Year: _____

Term:

Fall

Winter

Spring

Summer

Date received: _____ Date review was completed: _____

Reviewed by: _____