Meal Plan Exemption Request Form

A Campus Meal Plan is required of all students who live in the residence halls. Sodexo Dining services the needs of our resident students through a commitment to provide a well-balanced meal plan offering a variety of food options to students at each meal. By making wise choices at each meal students are able to maintain a well-balanced and healthy diet.

The University, in unique circumstances, may exempt a student from the required meal plan for documented medical conditions. Please note that the meal plan exemption request will only be considered for those who demonstrate that a Campus Meal Plan cannot in any way satisfy their dietary needs and provide appropriate supporting documentation as set forth below. In order for the request to be considered all required documentation must be submitted. Incomplete requests will NOT be considered. Important things to keep in mind:

- Exemptions are only granted when the Dining Services program is not able to meet the dietary needs of the student as substantiated through medical documentation.
- Exemptions for reason, such as vegetarian diet, work/class/practice schedule, access to a kitchen, or personal preferences will not be considered.
- You have an obligation to pay for your meal plan until your exemption request is approved.
- Meal plan exemption request may be submitted to the General Manager of Dining Services to develop and implement an action plan to address the dietary needs of the student in consultation with the student.
- A granted meal plan exemption may require a housing assignment relocation to a cooking unit (based on availability).
- Outcome of exemption request will be provided via email to your ASU email address.

Application process for exemption of meal plan:

Part I: Questionnaire- provided on the reverse side of this form.
Part II: A written essay which details why you require an exemption.
Part III: Medical Documentation from licensed physician

1. A letter on letterhead from a medical doctor (letters from chiropractors are not accepted) is required stating what your medical condition is and why such medical condition prevents you from fulfilling your dietary needs through a Campus Meal Plan.
2. Describe/list tests performed that substantiate the diagnosis including the date taken.
3. In the event of food intolerance/allergies, the doctor must state specifically which food(s) you cannot consume. Provide a diet you are to follow for your medical condition which provides a sample menu for three (3) days of meals/snacks, foods to avoid, and foods you can eat.
Review Process:

1. This completed form along with all required documentation (in sufficient detail) must be received prior to the request being reviewed. Documentation can be faxed to 719-587-7103 Attention: Director of Auxiliary Services OR mailed to: ASU Housing Office, c/o Director of Auxiliary Services, 208 Edgemont Blvd Suite 2260, Alamosa, CO 81101.
2. Review of completed request takes approximately 1-2 weeks.
3. If the request is approved, the meal plan charge is prorated from the date the decision was rendered. All charges up to that date are valid and will be assessed on the student’s account.

To Be Completed By the Student Making The Request

Name__________________________________________________ ASU ID# 900____________
  Last     First     M.I.

Address:_____________________________________________________________________

ASU Email_________________________ Phone_________________________

RELEASE OF INFORMATION REQUEST TO BE COMPLETED BY STUDENT

I hereby authorize my treating physician to discuss and release all pertinent information to Adams State University (Housing & Residential Life, Counseling Center/Disabilities Office, and a medical professional if needed) 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 appeal will be incomplete.
- I can revoke this consent at any time by submitting a written revocation to the treating physician. Revoking this consent will not affect disclosures made before such revocation.
- My signature indicates the statements/documentation I have provided are true and accurate. I acknowledge that providing false information is a violation of the Student Conduct Code for which disciplinary action may result.

Student Signature___________________________________ Date____________________