



Special Diet Accommodation Form

Date: _____ CWID: _____

Student Name: _____

Campus Address: _____

Email: _____

Cell Phone: (____) _____ Best time to call: _____

Dining facilities student will utilize: _____

Duration of Request: _____ Academic Year: _____

Allergies or impairment for which an accommodation is being requested:

Special diet accommodation being requested (please include food items the student must avoid):

Student Signature _____ Date _____

Return form to:

Holly Grof, MS, RD, LD
Coordinator of Dining Services
206 Hayden-Harris Hall
Box 870390
Tuscaloosa, AL 35487
hgrof@fa.ua.edu

Attach any written documentation completed by an appropriate health care provider regarding the disability or disabilities, including but not limited to diagnosis, specific food allergies, and dietary needs. Health care provider must be currently treating the student for the condition for which the accommodation is requested.