



## Disability Meal Plan Accommodation Request Form

**Please Note:** If your requested accommodation is due to disability, you **MUST** register with Disability Services, [www.fitchburgstate.edu/disability](http://www.fitchburgstate.edu/disability)

### Student Information - Please Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 University ID #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: F M  
 Current E-Mail: \_\_\_\_\_ On-Campus Address (if applicable): \_\_\_\_\_  
**Home / Permanent Address:** Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

### Request Information - Please answer ALL 3 questions.

1. I am requesting the following type of accommodation (please be specific):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. I am requesting this accommodation to begin (date or semester): \_\_\_\_\_

3. This request is based upon a permanent / reoccurring condition and I will need to be accommodated as long as I live on-campus.  
 **Yes** - I have provided Disability Services supporting documentation.  **No** - This is a temporary condition I do not anticipate will extend beyond the current academic year.

### Statement of Agreement

- I have reviewed this form and wish to request a Meal Plan Accommodation. I have provided supporting documentation and I give my consent to Disability Services to review this form and all materials I have submitted.
- I understand that my request will not be considered until appropriate, supporting documentation is received and that my request will be evaluated on the merits of the documentation I provide, and must clearly support the need for the accommodation requested.
- I am aware that this request applies only to my meal plan.
- I understand that after the decision is made for accommodation by the Meal Plan Accommodation Committee, I need to meet with the Director of Dining Services Fitchburg State University to discuss my specific situation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Once you have completed and signed this form, please send it to: **Fitchburg State University Disability Services** Fax 978-665-4786 E-mail: [disabilityservices2@fitchburgstate.edu](mailto:disabilityservices2@fitchburgstate.edu)

<b>OFFICE USE ONLY</b>	Date Received: _____	Approved: _____
	Documentation Received: _____	Accommodation: _____