Student Request Form for Dietary Accommodations

In order for the Office of Disability Resources (ODR) to determine appropriate dietary accommodations, we request that the student complete this form. Additionally, please have a licensed healthcare professional qualified to diagnose and treat your particular condition(s) complete the **Documentation of a Disability Form** to provide information regarding the functional impact of your dietary needs/restrictions.

Once you have completed this form and a licensed healthcare professional has completed the Documentation of a Disability Form and returned it to you, please upload both of these forms and/or any additional paperwork to your registration form (if you are new to ODR) or directly to your student Accommodate Portal (if you have already completed the registration form).

If you have questions regarding this form or the registration process, please call our office at 540-654-1266 or email odr@umw.edu.

Student Information

Student Name: UMW ID #:

Cell Phone: UMW Email:_____@umw.edu

Are you a (please check one):

☐ Returning Student ☐ Transfer Student ☐ Incoming Student

What was the first semester you attended UMW (i.e. Fall 2024)?

What is your current class standing (please check one):

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Student Responses

1. Please list the dietary accommodation(s) are you requesting. If requesting a Meal Plan Reduction, please specify which plan (see available meal plans).

2. Please provide an explanation of your dietary need(s) for the accommodation(s) requested:

3. Please provide an explanation as to how the accommodation(s) will meet your dietary need(s) that UMW Dining is not otherwise able to do:

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Specific Dietary Allergens: Below is a list of dietary allergens that you may experience. Please circle all that apply and provide an explanation of the impact in each of the appropriate columns.

Allergen	Potential Reaction	Severity	Necessary Intervention
Peanuts			
Tree Nuts			
Milk			
Eggs			
Wheat			
Soy			
Fish			
Shellfish			
Corn			
Gelatin			
Oats			
Seeds (Please specify)			
Spices (Please specify)			
Fruit (Please specify)			
Other (Please specify)			

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By submitting this request, I am giving my consent for any information relevant to this request to be reviewed by appropriate University and UMW Dining staff in evaluation and in any subsequent provision of dining accommodation request(s).

Student Signature: Date: