



Agnes Scott College Office of Accessible Education Meal Plan/Dining Accommodation Request form

Students please complete and submit this form along with documentation (request). If you have not already, please also fill out our [New Student Application](#) in AIM. Please contact our office via email (703) 437-1111 (TAMC /lnk #MCID 6 8t 09p

		Student ID #	
Student Email		Diagnosis/ Food Allergy	

Dietary Information	
Describe symptoms and	
Please list the foods you	
Please list the foods you CAN eat.	
Do you carry an epipen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your allergies airborne?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What specific accommodations are you requesting?	
Additional comments related to your request:	

I understand that by signing this form I also authorize Agnes Scott College to communicate and share information regarding my request for special dietary modifications, and any emergency plans necessary in response to an allergic reaction, with appropriate staff in Dining Services, Student Affairs (including RAs), Public Safety, and Athletics (for student-athletes). This may include information provided in my supported medical documentation. All communications will be limited to information specifically related



OAE Meal Plan/Dining Accommodation Documentation Guidelines for Providers