SPECIAL DINING NEEDS REQUEST FORM

Student Name: _____ DOB: _____

Student ID: _____ Phone #: _____ Email: _____

Students requesting dietary accommodations for medical reasons should submit their request prior to the start of the semester. Special dining needs requests are based on medical documentation and availability of accommodation. This form should be completed and returned to the address at the bottom of the page.

Medical documentation prepared by a physician can be attached to the request form. The physician's documentation should be completed on official letterhead; include a statement with the diagnosis and detailed diet orders, dietary recommendations and/or food restrictions; and be signed by the physician.

NDSU Dining will make every effort to accommodate your dietary needs based on your physician's recommendations. You may be asked to meet with the NDSU Dining dietitian after receiving the physician's documentation.

Please submit this completed form along with your physician's documentation:

Union Dining Center (Attention: Dietitian)
NDSU Dept. # 3410
Box 6050
Fargo, ND 58108-6050

After your request has been processed, you will be contacted via email or phone to discuss your dietary accomodations.

For questions regarding completion of this form, please call (701)-231-8312.

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