



**ADA Request for Exemption from Meal Plan Requirement**

The student applying for ADA services must complete the following and return those completed forms by email to ADA Services: [adaservices@tusculum.edu](mailto:adaservices@tusculum.edu)

Please provide the following information. For those questions that do not apply to your request, please answer N/A to indicate not applicable.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student's Phone: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

Tusculum Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Student ID: \_\_\_\_\_ Major: \_\_\_\_\_

Classification (Select One). \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Are you currently enrolled? Y \_\_\_ N \_\_\_ If no, anticipated start date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of the following information as well as any pertinent documentation to the ADA Services at Tusculum University for the purpose of determining my eligibility for accommodations.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Care Provider Section:**(please answer the following in detail to help food services best meet the needs of this student).

1. Please detail the impact of the food allergies and/or health issues on the dietary needs of the student
2. Please outline the dietary accommodations that must be made to accommodate the needs of this student.

Healthcare Provider Information I certify by my signature that all information in this document is accurate, and the patient is under my care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_ State of  
License: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dining Services Representative Section:** (Please check the statement below that applies and sign this document).

\_\_\_ I have met with this student to review his/her dietary needs. We have developed a plan to accommodate those needs with the required student meal plan.

\_\_\_ I have met with this student to review his/her dietary needs. Given the needs of the student we are not able to accommodate those dietary needs with the required student meal plan and therefore feel the student should be exempt from the meal plan requirement.

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Dining Services Representative Signature

Date

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_