

MARIST

DIETARY ACCOMMODATION REQUEST FORM

To be completed by the student. Please print clearly.

Submit this completed form and send all required supporting documentation to the Office of Accommodations & Accessibility. This form will be used to notify appropriate Marist staff about your food allergy and/or intolerance.

Date of Request: _____ Student CWID: _____

Student Name: _____
LAST FIRST M.I.

Email Address: _____ Cell Phone: _____

Current Housing Placement (if applicable): _____

Current Year: (CIRCLE ONE): INCOMING/NEW MARIST STUDENT FRESHMAN SOPHOMORE JUNIOR SENIOR

Please circle your specific allergens:

Milk Eggs Fish Shellfish Crustacean Tree nuts
Peanuts Wheat Soy Other: _____ Other: _____

Please provide detailed information about your dining accommodation needs.:

Procedures for Requesting Dietary Accommodations

1. Submit the Dietary Accommodation Request Form.
2. Submit medical documentation. Provide documentation from a treating medical professional.
3. Submit the Dietary Accommodation Request Form and any related medical documentation in person, by fax, email or by mail to:

Marist College
Office of Accommodations & Accessibility
3399 North Rd.
Poughkeepsie, NY 12601
Fax (845) 575-3011
Email: accommodations@marist.edu

MARIST

MEDICAL INFORMATION RELEASE FORM

I, _____, give my consent for Marist College representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professional(s) to release my relevant healthcare information to the requesting Marist College representatives for the purpose of evaluating my request.

Below is a list of my health professional(s) that can be contacted:

Name:

Contact Information:

Signature: _____

Date: _____

INFORMED CONSENT FOR RELEASE OF INFORMATION

This release will remain in effect while you are a student of Marist College.

I, _____, authorize Marist College to discuss my accommodation(s) with applicable administrators, faculty and staff who have a legitimate need for the information on a limited, need-to-know basis, solely for the purpose of evaluating or implementing accommodations for my disability. I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with College policy, except as otherwise required by law.

Signature: _____

Date: _____