



Office of Disability Services

The University of North Carolina at Charlotte
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Dining Accommodations Request Form

Please Read:

UNC Charlotte makes reasonable dining accommodations for students with documented disability needs. Office of Disability Services staff work in conjunction with Auxiliary Services to provide accessible on-campus dining that meets students' disability-related needs. Requests are evaluated on a case-by-case basis and consider multiple factors. Qualified professionals can submit information on behalf of students. As part of our dining accommodations process, note that the Office of Disability Services generally makes a referral to the Campus Dietitian as an initial step.

On-Campus Dining Accommodations:

UNC Charlotte Auxiliary Services has numerous options for students with a variety of dietary needs, including vegan and vegetarian options and avoiding gluten stations. Any student may choose to meet with the Campus Dietitian to discuss dietary needs. (check with Auxiliary Services)

- Meal Plans: <https://aux.charlotte.edu/meal-plans>
- Allergy Dining and Intolerances: <https://dineoncampus.com/unccharlotte/allergy-dining-intolerances>
- Campus Dietitian: <https://charlottedining.wixsite.com/ninurseatwell/about>
- Access to a refrigerator and/or microwave can be accomplished without accommodations. Any student may bring their own or rent a MicroFridge unit through Standards for Living. For more information:
 - <https://housing.uncc.edu/campus-living/about-your-room/packing-list>
 - <https://housing.uncc.edu/campus-living/services-and-amenities>
 - <https://standardsforliving.com/school-info/uncc>

Deadlines:

Dining accommodation requests should be submitted by May 1st for the Fall Semester and by November 1st for the Spring Semester. Requests received after the deadline will be reviewed; requests that may impact housing assignments are subject to availability.

Important: Submit Entire Form; Student Section and Provider Section

STUDENT SECTION (to be completed by student):

Student Name: _____

Student ID#: _____

Date of Birth: _____

**Note that not including your student ID number and date of birth may delay the process*

Which semester do you request that the accommodation(s) to begin?

What accommodations are you requesting for you to access on campus dining services?

Student Consent for Release of Information

Disability Services staff and the Campus Dietitian may contact my treating provider to verify the information submitted for my request and an exchange of information may need to take place. I give my permission for such communication as necessary with my treating provider named below.

Please provide the information requested below. **Sign and date the consent. Failure to provide complete information could slow the processing of your request.*

Treating Provider Name: _____

Treating Provider Address: _____

Treating Provider Phone Number: _____

I authorize the Office of Disability Services and Campus Dietitian to receive information regarding my disability relative to my Dining request from my treating provider.

Student Signature: _____

Date: _____

TREATING PROVIDER SECTION (to be completed by current treating provider):

We work in conjunction with campus Auxiliary Services to provide accessible on-campus dining that meets students' disability-related needs, and *disability* is defined as a physical or mental impairment that substantially limits one or more major life activity. When dining accommodations are requested, our staff generally makes a referral to the Campus Dietitian as an initial step.

Please note:

- Requests should have a direct link between an access issue for on-campus dining and the impacts of the student's disability.
- Diagnosis alone does not automatically qualify the student for accommodations.
- Access to a refrigerator and/or microwave can be accomplished without accommodations.
- Students have access to an app that provides a list of the day's meals and associated ingredients and nutritional information.

1. DSM-5-TR or ICD Diagnosis: _____

2. Date of initial diagnosis: _____

3. Date of most recent office visit: _____

4. Describe in detail the impact(s) of the student's diagnosis as it relates to on-campus dining. Include the severity and duration of symptoms.

5. For confirmed food allergies or reactions involving potential systemic/organ damage, please indicate all that apply:

If ingested, dietary allergen(s) will cause an anaphylactic response.

If ingested, dietary allergen(s) may cause **damage to internal organs**.

If exposed externally through direct dermal contact, dietary allergen(s) will cause an anaphylactic response.

If exposed to indirect environmental contact (airborne or residual), dietary allergen(s) will cause an anaphylactic response.

6. Describe the diet the student should be following with this diagnosis as it relates to on-campus dining. Include not only foods to avoid but what foods need to be/ could be included. *If necessary, additional documentation/pages may be attached.*

Required Provider Information: To Be Completed by Provider

By signing below, I agree that the information provided above is accurate to the best of my knowledge. I understand that these are accommodation recommendations, that they do not guarantee this student the recommendations outlined above, and that accommodations will be determined by the University's Office of Disability Services.

Medical Provider Signature: _____

Medical Provider Name (printed): _____

Date: _____

Medical Provider License # and State: _____

Medical Provider Phone Number: _____