



Meal Plan Exemption Request Form

All enrolled students residing in Lakeland University Residence Halls are required to purchase a meal plan for the entire academic year. However, exemption requests will be considered under these circumstances only:

- Student requires a special diet due to a disability or medical condition
- Student requires a special diet based on religious observance or practice

Meal plan exemption requests and supporting documentation must be submitted to Karen Eckhardt, ADA Coordinator.

Instructions:

1. Complete pages 3 and 4 of this document (Meal Plan Exemption Request form)
2. Submit supporting documentation from your qualified medical professional or clergy. This documentation is required for your exemption request to be considered. Documents must meet these requirements:

For Medical exemptions:

- a. Include completion of Lakeland University's Meal Plan Exemption Verification Form by the licensed health care provider who is treating this patient for the identified diagnosis of a food-related disability
- b. The person completing the verification form cannot be a family member or relative of the student.
- c. Include a detailed list of specific dietary requirements including a sample menu for a three-day period.

For Religious exemptions:

- a. Statement from clergy must be on official letterhead, signed, and dated
- b. Include an explanation as to why Lakeland University meal plan will not fulfill the needs for the student due to their religious practices
- c. Include a detailed list of specific dietary requirements including a sample menu for a three-day period.



3. Submit completed request form and verifying documentation to:

Lakeland University Disabilities Office
Attn. Karen Eckhardt, ADA Coordinator
Hayssen Academic Resource Center
W3718 South Drive Plymouth, WI 53073
Phone: 920-565-1021 ext. 2115
Email: EckhardtKL@lakeland.edu
Fax: 920-565-1066

4. The ADA Coordinator and Director of Campus Dining Services will review the suggested 3-day meal plan to determine if the special dietary needs can be accommodated in full. In the case where the student's dietary needs can be accommodated in full, no exemption will be granted. Partial or modified exemptions will not be granted.

The ADA Coordinator will communicate the decision regarding the student's request within five business days. If a meal plan exemption is granted, a refund, if required, will be effective on the date the exemption is granted. Refunds will be processed according to Lakeland University Policy and Procedure guidelines. Refunds will not be retroactive.

No request will be considered until all required information has been provided. A new request must be submitted each academic year.



Meal Plan Exemption Request Form

Name: _____ Student ID #: _____

Phone: _____

Lakeland campus address: _____

Home Address: _____

City/State/ZIP: _____

Requested semester(s) for exemption: _____

For Medical Dietary Requests:

Medical Professional's Name: _____

Phone: _____

Disability/Medical Condition: _____

Dietary Requirements or restrictions (attach separate sheet if necessary):

For Religious Dietary Requests:

Clergy's Name: _____

Phone: _____

Religious Affiliation: _____

Dietary Requirements or restrictions (attach separate sheet if necessary):



I understand that this request to be exempt from Lakeland University's meal plan must be accompanied by the appropriate documentation as part of the review process. I certify that all the information that I have provided is accurate and complete.

I authorize Lakeland University to contact my medical professional or clergy for verification of my dietary requirements and restrictions.

I authorize the medical or clergy professional to provide only the information necessary to verify the details of the food-related disorder and associated dietary restrictions.

Student's Signature: _____

Date: _____