

DIETARY ACCOMMODATIONS VERIFICATION FORM
Accessibility Services Office – Page 1 of 3

MVNU provides equal access to all educational and programmatic activities and abides by section 504 of the Rehabilitation Act of 1973 and the applicable provisions of the Americans with Disabilities Act (ADA) of 1990. The Office of Accessibility Services' facilitates a process for students to self-disclose documented disabilities and fosters a campus environment that is accessible, inclusive, and regulatorily compliant.

A disability is defined as a physical or mental impairment that substantially limits one or more major life activities such as but not limited to: learning, speaking, walking, seeing, hearing, breathing, working, or the ability to care for oneself.

STUDENT RELEASE OF INFORMATION – MUST BE FILLED OUT BY STUDENT

This form is one of several verification options. MVNU will accept other official documents as long as they are from an authorized professional on letterhead with contact information/qualifications and clearly state the disability, current functional limitations, the proposed accommodations and how they mitigate the limitations. Possible examples are: an IEP/504 plan, an official report or letter, etc. Accommodations are not retroactive and will only be implemented after approval. Notification of decisions will be made to the student's email account and to other relevant offices. Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. They are considered within the process and what is deemed to be reasonable.

Qualified professionals must have the education and/or professional training for the specific disability they are verifying and are currently or have recently treated the student for said disability. Qualified professionals cannot be related to the student. Examples of qualified professionals include but are not limited to: physicians, specialists, psychologists, psychiatrists, educational experts, optometrists, etc.

I, _____, grant permission to the below qualified professional to release confidential information and any other relevant details related to my dietary request to the appropriate MVNU offices that provide and implement accommodations. This includes but is not limited to Accessibility Services, Food Services, and Residence Life. I also understand my request is not complete until this form and the Accommodations Request form are both received.

Student Signature

Date

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A QUALIFIED PROFESSIONAL

Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. Recommendations, reasonability, and ADA best practices are all given consideration in the decision making process.

The following information must be legible, whether printed or written.

Qualified Professional's Name: _____ License #: _____

Title: _____ Organization: _____

Address: _____

Phone Number: _____ Email: _____

Qualified Professional Signature

Date

DIETARY ACCOMMODATIONS VERIFICATION FORM
Accessibility Services Office – Page 2 of 3

This form is one of several verification options. MVNU will accept other official documents as long as the information below is included and is from an authorized professional on letterhead and includes qualifications and contact information.

Please share the disability and/or diagnosis codes, related tests or scores: _____

Relevant testing or documentation can be attached to this form.

Date of Diagnosis: _____ Date of most recent visit: _____

Is the condition permanent? _____ If temporary, what is the estimated timeframe? _____

Please clearly describe the extent or severity of the disability (and/or related medications) and the current functional limitations. Include details such as whether reactions are based upon ingesting food, cross-contamination, or airborne exposure and if there are metabolic or other associated medical concerns that are affected by the dietary disability. _____

The severity of the disability is not related to eligibility but to assist with determining reasonable accommodations.

Is the reaction life threatening? _____ If anaphylaxis can occur, is an epi-pen carried? _____

Please provide specific or general food categories that can be safely eaten: _____

Please share specific or general food categories that cannot be consumed: _____

MVNU's Food Services partner, Pioneer, is committed to providing healthy and varied foods. To that purpose, **many needed or preferred food options are available to all students without a verification process or documentation.** These include items such as gluten free breads, pastas, and desserts, various types of milk products, vegetarian or vegan options, etc.

This commitment also extends to providing equal access to food services for students with dietary disabilities. Potential accommodations within food services might include items such as: fresh gloves/utensils in meal preparation/serving, meals prepared in separate area to avoid cross-contamination, specially purchased food for student's dietary needs, individually prepared meals. If student cannot safely eat in shared space, possible accommodations include an extra refrigerator in residence hall room, shared kitchen access, private kitchen access, approval to live off campus, partial or full meal plan exemptions, or other reasonable accommodations.

DIETARY ACCOMMODATIONS VERIFICATION FORM
Accessibility Services Office – Page 3 of 3

Please provide accommodation recommendations and explain how they mitigate the disability. _____

If recommending a shared or private kitchen and/or partial or full meal plan exemptions, please share why that is medically necessary. Also, please include any associated limitations on other students sharing a room or apartment with the student. _____

Thank you very much for your time to assist in providing reasonable accommodations. With the student's release of information at the top of this form, you may be contacted if further information is needed to act on this student's request.

Please submit this verification document to AccessibilityServices@mvnu.edu or fax it to 740-399-8684 as quickly as possible so MVNU can provide the student accommodations in a timely manner.

For Office Use Only: Date Request Received _____ By Whom? _____

Date Verification Received _____ By Whom? _____

Date & Method (email/phone) to arrange Intake Meeting _____ By Whom? _____

Approved Accommodations: _____

If Applicable, Accommodation Changes Rationale: _____

Accommodation decisions made by: _____ Date: _____

Accommodation decisions communicated to student by: _____ Date: _____