

## 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

**Qualified Professional Signature** 

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.

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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		
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Qualified professional's recommendations are guaranteed to be approved as stated. Recommendation consideration in the decision making professional information must be legible, who Qualified Professional's Name:  Title:	e taken seriously by Accessibility Services but are not mendations, reasonability, and ADA best practices are all ocess.  nether printed or written.  License #:  Organization:	
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**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 temp	oorary, what is the estimated timeframe?	
current functional limitations. Include details food, cross-contamination, or airborne exposu	of the disability (and/or related medications) and the such as whether reactions are based upon ingesting are and if there are metabolic or other associated ary disability.	
The severity of the disability is not related to eligibili	ty but to assist with determining reasonable accommodations.	
Is the reaction life threatening? If a	naphylaxis can occur, is an epi-pen carried?	
Please provide specific or general food categor	ries that can be safely eaten:	
Please share specific or general food categorie	s 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

If recommending a sh	ared or private kitchen and/or partial or	full meal plan exemptions, please share
	necessary. Also, please include any asso rtment with the student.	
•	for your time to assist in providing reason formation at the top of this form, you manufactured the student's request	
Please submit this ver	rification document to <u>AccessibilityServicession</u> so MVNU can provide the student accord	
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 Accommod	ations:	
If Applicable, Accomn	nodation Changes Rationale:	
Accommodation decis	ions made by:	Date:
Accommodation decis	ions communicated to student by:	Date: