

**DIETARY  
ACCOMMODATIONS**  
Dining Services at Johnson University Florida

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Please list the foods that must be restricted from your diet. (Please attach list if more space is needed.)


Please explain why you are requesting dietary accommodations.


List any additional information that we need to know, such as the severity of a food allergy, etc.:


**VERIFICATION:**

I acknowledge that the above information is accurate and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**JUFL Dining Services Use Only**

- ☐ Denied or Already accommodate dietary needs
- ☐ Will accommodate dietary needs
- ☐ Exemption approved; unable to meet dietary needs

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_