

**Albany State University
Auxiliary Services Department
Meal Plan Exemption Request**

Primary Campus _____ Gillionville Road Campus _____ Radium Springs Campus
(Campus where students will take Summer classes)

Name: _____ DC ID: _____
(Please print name)

E-mail: _____

Address (Local): _____ Zip: _____

Phone: _____ Cell: _____

Semester for which exemption is requested: _____

Please check one:

_____ **Dietary Restriction** – I am requesting exemption from the required Meal Plan due to dietary restrictions. A letter and supporting documentation from my licensed Medical Physician fully describing my dietary circumstances is attached. I understand my request will be reviewed by the food service contractor's director and nutritionist to determine their ability to provide meals which comply with my restrictions. I further understand that Dining Services will make every effort to comply with my dietary restrictions. In the event they are not able to comply, my request for exemption will be granted.

_____ **Personal Compelling Circumstances** – I am requesting an exemption from the required Meal Plan. A letter which explains the circumstances that preclude my participation in the required meal plan and any supporting documentation are attached. I understand that my request will be reviewed by the Meal Plan Appeals Committee and an exemption may not be granted. I also understand that additional information or documentation supporting my request may be required. If, at the discretion of Darton State College, my request is denied, I understand that I will be required to purchase one of the required meal plans.

Student Signature: _____ **Date:** _____

REMINDER: Your exemption request must include the following:

- a letter which concisely and fully explains your dietary restriction(s) or personal circumstances.
- all supporting documentation from your licensed medical physician (for dietary restrictions)

NOTIFICATION will be sent to the student at the email address listed on this form and by mail.

Students who submit false information to the Auxiliary Services for a meal plan exemption will be subject to disciplinary action in accordance with the Student Code of Conduct and to sanction which could include suspension from Albany State University.

Requests for exemption from the required meal plan must be submitted to the Albany State University Auxiliary Services Offices by May 24, 2017 for the Academic Year 2016-2017 or submit to mealplanae@asurams.edu (ASU Radium Springs Campus) or to mealplanaw@asurams.edu (ASU Gillionville Campus)

For information regarding requests for exemption Gillionville Campus contact Kristine Jones, Auxiliary Service Coordinator at 229-317-6771, fax 229-317-6672 or via e-mail, mealplanaw@asurams.edu

For information regarding requests for exemption Radium Springs Campus contact April Hawkins, Meal Plan Coordinator at 229-317-6776, fax 229-317-6672 or via e-mail, mealplanae@asurams.edu

For office use only

Date exemption request received: _____

Initial Decision: _____ **Approved** _____ **Denied** _____ **Date:** _____ **By:** _____

Date appeal received: _____

Appeals Committee decision: _____ **Upheld** _____ **Reversed** _____ **Date:** _____

Student Notified: Date: _____ **By:** _____

Confidentiality Notice

This document and any attachments may contain private, confidential, and privileged information for the sole use of the intended recipient. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think that you have received this document in error, please contact the sender, keep contents confidential and immediately destroy the information.