You may request a dietary accommodation if you have a medical condition requiring unique food preparation or the provision of specialty foods that cannot be provided by Duke Dining. Requests for accommodations will be sent to the Student Disability Access Office. All other special dietary needs/requests will be reviewed and addressed by the Duke Dining Services team.

Only completed requests are reviewed; completed request consists of this form, documentation from your health care provider (pg 2), and a release of information (pg 3). The medical provider (MD, DO, PA, or NP) cannot be someone with whom you have a significant relationship (e.g. parent, sibling, or other relative). Recommendations and/or statements included in the medical documentation should not be interpreted as automatic approval. The approval or denial will be communicated to the student and to HDRL. The approval is ‘good’ as long as you are a Duke student.

Deadlines for Special Dining Accommodations

July 5  Deadline for requests for First Year Dining Accommodations
November 1  Deadline for requests for Spring Dining Accommodations (upper-class)
July 5  Deadline for requests for Dining Accommodations for Fall Semester

Please note that you will receive notification of the status of your request within four weeks of submission of complete documentation. Requests submitted after the deadline may result in a delay or inability to grant request. You must complete and submit the “Medical Need Special Dining Accommodations” form in addition to the information requested below.

Submit all forms by email to:

Duke Dining Services – Customer Service
Office Phone: 919-660-3900
dining@duke.edu

FOR STUDENT:

Date of Request: ________________

Student Name: _______________________________  Date of Birth: ________________

In the space below, please detail your request and the reason(s) for it.

NOTIFICATION OF APPROVAL/DENIAL WILL BE SENT TO STUDENT’S DUKE EMAIL ADDRESS. PLEASE MONITOR THAT EMAIL FOR OUR RESPONSE AND/OR REQUESTS FOR ADDITIONAL INFORMATION.
Duke University  
Medical Need Special Dietary Accommodation  
Health Care Provider Instructions/Form  

Student Name: ____________________________ Date of Birth: _____________  

FOR HEALTHCARE PROVIDER:  
The above student is requesting to be considered for special dining accommodations at Duke University. Your professional opinion will be used in the consideration of this request. Special dining accommodations are extremely rare and only those students with the greatest medical need(s) will receive special dining arrangements.  

The patient listed above cannot be someone with whom you have a significant relationship (e.g. parent, sibling, or other relative).  

Without the following information, the request will not be considered:  

• Patient’s diagnosis and related ICD-9 code_______________________________________  
• Date of diagnosis__________________  
• Current Treatment: therapies, interventions, medications including dosage__________________  
  ___________________________________________________________  
  ___________________________________________________________  
• Statement as to level of severity and the activities impacted by the patient’s condition.  
  ___________________________________________________________  
  ___________________________________________________________  
• In your professional opinion, what Special Dining arrangements are required?  
  ___________________________________________________________  
• How long has the patient been in your care and when was the last visit? _____________  

You may give this document to the student or forward to:  

Duke Dining Services – Customer Service  
Office Phone: 919-660-3900  
dining@duke.edu  

Please provide detailed information below so that you can be contacted, if necessary.  

Provider Name: ____________________________ Provider Signature__________________________  
Practice Name/Address: ________________________________________________________________  
Tel: __________________ Fax: __________________
Duke University

Medical Need Special Dietary Accommodation Release

I authorize the following offices at Duke University to communicate and share information with one another in regards to my request for special dietary accommodations. Communication will be limited to information specifically related to my request for special dietary accommodations.

Student Health Services
Housing, Dining and Residential Life
Student Disability Access Office
Counseling and Psychological Services
Dean of Student’s Office

I further authorize the following to communicate and share information with Duke Student Health in regards to my request for special dietary accommodations. Communication will be limited to information specifically related to my request for special dietary accommodations.

My Parent or Guardian
The medical provider completing my Medical Need Special Dietary Accommodations

I understand that I may revoke this request for Special Dining Accommodations in writing to HDRL & Student Health.

This authorization and request is fully understood and is made voluntarily on my part.

Date of Release: _________________

Student Name: ________________________________ Date of Birth: _________________

Student Signature: ____________________________ Duke unique ID #____________________

Student’s Duke email address: ________________________________

Parent’s Signature (If student is under 18): ________________________________

FEDERAL AND STATE LAW PROHIBIT THE REDISCLOSURE OF INFORMATION RECEIVED PURSUANT TO THIS CONSENT.