



CAMPUS DINING

Vanderbilt University
110 21st Avenue South, Suite 1120, Nashville, TN 37203
Phone: (615) 322-2999 Fax: (615) 343-9477

Request for Special Dietary Considerations

Name: _____ Date: _____

Gender: _____ Class/Year (e.g., "Freshman") _____

Mailing Address: _____

Residence Hall: _____ Room: _____ Phone: _____

Cell Phone: _____

Email Address: _____

Have you seen a Registered Dietitian? _____ Have you been given a special diet? _____

Please describe your allergy or special diet:

Please ask your physician to provide our office with a letter supporting your request. It is preferable to have the letter sent by the physician (not a family member) who has treated you during the last three years. The letter should include: (1) a confirmed and clear diagnosis, (2) relevant medical history, (3) test results that support the diagnosis (where appropriate), (4) course of treatment, and (5) a description of the specific type of foods to be avoided or required.

Students and caregivers should be aware that this information will be reviewed and evaluated by appropriate University officials. All information provided with this request will be kept confidential.