

MEAL PLAN EXEMPTION REQUEST FORM

Name: _____ Student ID: _____

Signature: _____ Date: _____

Apartment/Suite: _____

Email Address: _____ Phone: _____

Reason for Exemption:

I am requesting exemption from the meal plan for medical/dietary reasons (*additional documentation is required from the student's physician on letterhead*).

Supporting Documentation:

Dear Health Care Professional:

Abraham Baldwin Agricultural College policy requires documentation from the student's health care provider detailing the reason(s) why the college meal plan fails to meet the student's dietary requirements. Documentation must include a suggested menu for the student as well as any specific meal preparation requirements.

On your letterhead, please explain your medical rationale for the student's exemption from the college meal plan. Include a medical diagnosis and specify what diet your patient/the student should be following. In the event of food intolerance/allergies, please state specifically which food(s) your patient cannot consume and what the allergic reactions are.

Documentation may be mailed to ABAC, Office of Student Accounts, ABAC 42, 2802 Moore Hwy., Tifton, Georgia, 31793, or faxed to 229-391-5240.

Thank you for your cooperation with this request. Please contact us if you have specific questions regarding the required supporting documentation. **PRINT AND SIGN THIS FORM**

Exemption Request Review (for office use only)

Exemption Request reviewed by: _____

Exemption Approved: _____ Denied: _____ Effective date: _____

Additional Comments: _____