



ELIZABETHTOWN COLLEGE  
Disability Services

DINING ACCOMMODATIONS REQUEST FORM

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
                            First                            Middle                            Last

Class: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Campus Box: \_\_\_\_\_ Home Address: \_\_\_\_\_  
                            If applicable  Address, City, State, Zip

Semester(s)/Year Dining Accommodation Requested (check both semesters if applicable) \_\_\_ Fall \_\_\_ Spring  
\_\_\_\_\_ Year

Please specify your disability (i.e. Crohns, Celiac Disease, Peanut Allergies) and describe how it affects you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the specific dining accommodations you are requesting and describe how the accommodations will provide greater access on campus dining.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under ADA, colleges may require additional external sources of information to further understand the functional limitations of the condition and help make informed decisions about reasonable accommodations. All requested documentation must be received by Disability Services before requests will be considered. *While disability related documentation is confidential, certain information will be shared with Dining Services staff in order to coordinate modifications. Your signature below will serve as consent for this communication.*

\_\_\_\_\_  
Student Signature  
(To be signed by parent if student is under age 18)

\_\_\_\_\_  
Date

Return to:     Director Disability Services  
                  Elizabethtown College  
                  One Alpha Drive  
                  Elizabethtown, PA 17022