

Ohio University

Special Diet Request Form

Date: _____

Student Name: _____

Telephone #: _____

Email Address: _____

Dining Courts: Nelson & The District on West Green

Scheduled Meal Times:

| Student Name: _____ | Food Restrictions: _____ | Time you will pick it up (the meal will be kept at appropriate temp if you are not on time-up to 30 minutes) |
|-------------------------------|---|---|
| Day of the Week | Dining Court where you will pick it up | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

| | | |
|----------|--|--|
| | | |
| Saturday | | |
| Sunday | | |

Food Allergies and/or

Restrictions: _____

Food

Preferences: _____

Food

Dislikes: _____

Cancellation Policy: Student must call two hours before mealtime to cancel meal. If you fail to call ahead or pick up meal, you will be charged for that meal.

Phone Numbers:

Nelson (740) 597-7111 The District (740) 597-5904