Ohio University
Special Diet Request Form

Date: _______________

Student Name: _____________________________________________

Telephone #: _______________________________________________

Email Address: ______________________________________________

Dining Court: Nelson, Shively, West 82, West Green Market District

Scheduled Meal Times:

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Restrictions:</th>
<th>Time you will pick it up (the meal will be kept at appropriate temp if you are not on time-up to 30 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
<td>______________</td>
<td>_____________________________________________________________________</td>
</tr>
</tbody>
</table>

Day of the Week

<table>
<thead>
<tr>
<th>Monday</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Restrictions: __________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Likes: _________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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.

**Numbers:**

Nelson (740) 597-7111
The District (740) 597-5904
Shively (740) 597-5900
West 82 (740) 593-4006