Vanderbilt University
1110 19th Avenue South, Nashville, TN 37212
Phone: (615) 322-2999 Fax: (615) 343-9477

Request for Special Diet Considerations

Name: _____ Date: _____

Social Security Number: _____ -____ - _____ Gender: _____

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

Residence Hall: _____ Room: _____ Phone: _____

Email Address: _____@vanderbilt.edu

Please describe your allergy or special diet needs:

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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.