



Disability Support Services

LARAMIE COUNTY COMMUNITY COLLEGE
1400 East College Drive
Cheyenne, Wyoming 82007
(307)778-4385, Fax (307)778-1262

Dietary Accommodation Request (Student Request)

Name:

Student ID Number:

Phone Number:

Address:

What is your food allergy or medical diagnosis?

What is the impact or limitations associated with this allergy or medical condition?

What accommodations are you requesting related to your food allergy or medical condition?

Does this medical condition also impact you in the classroom? If so, please explain.

I understand that my request for dietary accommodations or modifications is not complete until medical professional has also provided verification of my specific medical condition.

I agree that DSS office may collaborate with LCCC Dining Services and share my name, contact information and relevant dietary information in order to determine appropriate dietary modifications.

Signature:

Date:



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Dietary Accommodation Request (Student Request)

Students Name:

Date of Birth:

The student listed above is requesting accommodations or modifications related to their food allergy or other medical condition with regard to special dietary restrictions. In order to consider this request for a reasonable accommodation related to their disability, Laramie County Community College requires verification of the student's medical condition from a health care provider familiar with the student's current condition and functional limitations.

What is the student's food allergy or medical diagnosis?

What is the impact or limitations associated with this condition?

Are there specific dietary restrictions or precautions that should be considered?

What is the expected duration, stability or progression of the student's condition (is this temporary or permanent)?

Does this condition also impact the student in the classroom? If so, please explain.
Is there additional information we should be aware of in order to properly accommodate the student related to their condition?

Certifying Professional:

Printed name:

Signature:

License number:

Address:

Telephone:

The requested documentation will be maintained by the DSS office per FERPA guidelines, and will only be utilized to determine the student's request for meal modifications.

Please send the completed form, or responses addressed on your office letterhead to:

Laramie County Community College

Disability Services for Students

1400 E College Dr

Cheyenne WY 82007

Tel: (307) 778-1359

Fax: (307) 778-1262

TTY: (307) 778-1266

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