

Verification of Meal Plan Accommodations/Request for Services

Academic Success Center/Disability Resources

Savitz Hall
201 Mullica Hill Road
Glassboro, NJ 08028
856-256-4259

5. Please explain how each functional limitation will specifically affect your client's ability to partake in the University Meal Plan.

6. Please list all foods/ingredients that your client is unable to eat and a RAST rating for each. Please explain specifically why each type of food cannot be eaten and whether or not patient