REGISTRATION INFORMATION
Dietary Accommodations
Pioneer Foodservice at Cedarville University

Instructions:

1. Please complete the information below.
2. A letter or statement on your physician's letterhead and signed by your physician should accompany this registration form – submit to diningservices@cedarville.edu.
3. Set up a meeting for discussion with Pioneer Foodservice staff.

Name: _____ CU Student 7-digit I.D.: _____ Date ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____ E-mail: _____

Please list the foods that must be restricted from your diet.

_____ _____ _____

_____ _____ _____

Please explain why you are requesting dietary accommodations.

_____

_____

List any additional information that we need to know, such as the severity of a food allergy, likes or dislikes of certain foods, etc.:

_____

_____

VERIFICATION

I acknowledge that the above information is accurate and complete.

_____ ____/____/____

Student Signature Date