

YESHIVA UNIVERSITY  
MEAL PLAN MODIFICATION REQUEST  
VERIFICATION FORM FOR MEDICAL PROVIDERS

Purpose: The student named.006 Tw7.2 (e)-1 (: )JT.217 TD [(P)CTt neTw7.n4me(u)eÁVžm g`ü C“ `ç@äÁ #€ condition and the appropriateness of requested modification/exemption Upon receipt, this form will be forwarded to our medical staff for review. They may contact you for any additional information if necessary. Please take the time to complete this form in its entirety. Thank you for your assistance.

Please describe the current impact that this will have on the student's ability to participate in the meal plan:

Anticipated duration of need for exemption or modification:

Additional D ( )Tj (l)07 TD [(1.217 Td dur)-7.76tion