



1331 Murphy Hall, Los Angeles, CA 90095-1418
 www.summer.ucla.edu
 confidential@summer.ucla.edu
 phone: 310.825.4101
 Monday–Friday, 9am–4pm

PRECOLLEGE SUMMER PROGRAMS

SPECIAL MEAL, MEDICINAL STORAGE, OR RELIGIOUS ACCOMMODATIONS

Disclosure of information regarding special needs and requests for meals, medicinal storage, and others due to medical or religious reasons will allow UCLA to ascertain the reasonableness of such requests. This form, along with any documentation you'd like to provide, is protected by the *Family Educational Rights and Privacy Act (FERPA)* and the *Health Insurance Portability and Accountability Act (HIPPA)*. Timely submission will allow the UCLA Summer Sessions Office adequate time to determine the reasonableness of the request(s) and make necessary arrangement(s) if granted. Please be sure to email the complete form to confidential@summer.ucla.edu by May 15. Submission of this form does not guarantee that the accommodation(s) will be provided, and the guardian submitting this form will be notified by May 31 whether the requested accommodation(s) can be made. In the event that the requested accommodation is deemed not reasonable or feasible, the guardian will be contacted to discuss other accommodations that may be recommended. In the event that agreement on a reasonable accommodation cannot be reached, the participant may withdraw from the program and will receive a full refund of valid payment received for the program.

This is an interactive form. Place the cursor in a field and type. Once completed, print a copy to add the required signature in blue or black ink. Scan the copy as a PDF document if submitted electronically. You may attach relevant documentation from a licensed healthcare professional.

PARTICIPANT INFORMATION		
Program Name		
Last Name	First Name	Middle Name
UCLA UID Number	Email Address	Guardian Phone (include area code)
REQUESTED ACCOMMODATION TYPE		
Please check type of accommodation you wish to request		
<input type="checkbox"/> Special Meals* due to Food Allergy or Religious Restrictions <input type="checkbox"/> Refrigeration for Medicinal Storage <input type="checkbox"/> Other		
<small>*The following food labels are currently provided in the UCLA Residential Dining Facilities and therefore do not require additional accommodations: vegetarian; vegan; contains peanuts; contains tree nuts; contains wheat; contains soy; contains dairy; contains eggs; contains shellfish; contains fish. Please submit this form ONLY IF you believe labeling is insufficient to meet the participant's need.</small>		
REASON FOR THE REQUEST		
Please provide the medical or religious reason for your request. If you need more space, you can use the next page of this form.		
REQUESTED ACCOMMODATION DETAILS		
Please explain in details what accommodations are needed. If you need more space, you can use the next page of this form.		
CERTIFICATION BY GUARDIAN		
Last Name	First Name	Relationship to Participant
<i>By signing below, I represent and warrant that the participant is under my guardianship, conservatorship, or other legal authority, and that I am legally competent to understand and complete this request. I acknowledge my understanding that requests do not guarantee accommodations, certify that the information provided on this form is accurate, and authorize the University and its agents to discuss my documentation with the healthcare professional who authored the documentation, if additional information or clarification is required.</i>		
Signature of Guardian		Date



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If you need additional space for REASON FOR THE REQUEST and/or REQUESTED ACCOMMODATIONS, please use the space below.

REASON FOR THE REQUEST (additional space)

REQUESTED ACCOMMODATION DETAILS (additional space)