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REQUEST FOR RELEASE FROM SOUTH DAKOTA BOARD OF REGENTS DINING REQUIREMENT

Full LEGAL Name: _____

First/Middle/Last

Campus Address: _____

Street City/State/Zip

Campus Email: _____

(Non-Campus emails may not have decision communicated to them)

Personal Phone: _____ Student ID# _____

Date of Birth: _____ Male: _____ Female: _____

Current College Class Status: _____ (Fr., Soph., Jr., Sr., Grad.)

Release Requested for: _____ Year(s): _____

(Fall or spring) (Approved for only 1 Academic Semester at a time)

All Appeal forms must be submitted by the first Friday after classes start. Appeal decisions will generally be made within 2 weeks and decisions will be communicated to the provided email address.

Indicate below the reason you are requesting a release. Please read the

Contract Exemption and Appeal Process included with this form.

- _____ 1. Married – Attach a copy of the valid marriage license.
- _____ 2. Have a Legal Dependent – Attach a copy of the dependent’s birth Certificate.
- _____ 3. Financial Hardship –Verified through BHSU Financial Aid Department and provided documentation
- _____ 4. Physical/Mental Health – Attach completed Supplemental Qualifying
- _____ 5. Medical Condition – Verification Form signed by physician
- _____ 6. Other: Please explain in typed format and attach to this document. (Must be a detailed explanation)

Please read following page carefully, sign at bottom, and attach the required supporting documentation.

The South Dakota Board of Regents policy manual requires all students living on campus to participate in a University meal plans. The BHSU Dining Contract Policy is strictly enforced. However, BHSU recognizes that some off-campus living and dining circumstances may closely approximate the advantages of on-campus residency. Also, some students may have living and dining requirements that the University cannot accommodate on campus.

All applications must be signed submitted by the student requesting the release. Applications submitted by anyone other than the student (or legal guardian for students under 18 or with other special needs) will be denied. Any student requesting a release is subject to a meeting with the Dining Service Director, or designee before release.

Submitting this release form does not guarantee the release of any student from their required meal plan. I acknowledge by my signature that I have read the preceding Contract Exemption and Appeal Process.

I further acknowledge that the information I have provided is accurate for the semester/academic year for which I am requesting this release. I understand that this release is not approved until I receive a written release from A'viands Dining Services at Black Hills State University.

I acknowledge that if this appeal form does not have the proper supporting documentation, it will likely be denied. (Required documentation listed above) I acknowledge that semester meal plan charges will be applied if I have not been approved for a release from the South Dakota, Board of Regents Dining Requirement.

I further acknowledge that charges will also be applied if I make a false claim to be living at home with parent or legal guardian and it is later determined that I am not living at the stated location. In order to be exempt from the required meal plan due to living at home, permission must be granted by Residential Life to move off campus.

I am also aware that it is a violation of the Student Conduct Code to present false or misleading information.

Student's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____ (For Students under 18 ONLY)

Please return this completed, signed form to:

A'viands Dining Services
Black Hills State University
1200 University St, Unit 9031
Spearfish SD 57799
Or by email at BHSU@aviands.com

SUPPLEMENTAL FINANCIAL NEED VERIFICATION

Student Name: _____ Student ID#: _____

To the Release Applicant: As noted in the meal plan exemption and appeal process, releases based on financial need are granted only:

- A. When you have verified need for financial aid as indicated by Financial Aid Office Records and are not funded by Federal Aid and/or Stafford Loan Aid to a level consistent with your need
- B. When the Free Application for Federal Student Aid has not been completed, family income will need to be verified through official family documentation such as recent tax returns.
- C. When financial circumstances are created by situations over which you have no control (i.e. death of a parent, parent divorce, etc.).

Please complete the following section. Attach additional information as necessary. If you are experiencing extenuating financial circumstances, please describe your situation.

Do you expect to be employed during the school year? _____ If yes, how many hours do you typically plan to work per week? _____

If no, please explain your reasons for not working during the school year

FOR OFFICE USE ONLY

Semester(s) _____ (Fall/Spring/Both) (Year) Budget Minus Family Contributions:
 _____ Federal Aid Less _____ Stafford Aid Less _____ Unmet
 _____ Excess Aid

SUPPLEMENTAL QUALIFYING MEDICAL CONDITION VERIFICATION

Student Name: _____ Student ID #: _____

I give Dr. _____ of the _____ Medical Clinic/Center permission to release to A'viands Dining Services at Black Hills State University any and all relevant medical information needed for the medical release for which I am applying.

Student Signature: _____ Date: _____

The following section is to be completed by a Doctor/Health Care Provider. Attach additional information as necessary.

Describe the specific medical condition for which this release is being requested. What specific issues pose an imminent risk making it medically necessary for this student to consider options other than purchasing an A'viands' meal plan in order to dine at the Black Hills State University student dining facility?

In keeping with the South Dakota Board of Regents requirement of expecting A'viands to make reasonable accommodation for students with disabilities and health issues. What accommodations might A'viands Dining Services make in order for this student to be able to dine at the Black Hills State University student dining facility?

Special dietary needs:

What specific medication or equipment is required which would affect the student's nutritional needs?

If A'viands Dining Services cannot accommodate this student's nutritional needs at the student dining facility, what kind of nutritional needs would you recommend that would help alleviate or accommodate this medical condition?

Other Comments:

I understand that medical releases are based on significant or unforeseen medical conditions. The information I have submitted is accurate and should be taken into consideration when reviewing this student's record.

I further understand that this information may be presented to BHSU Student Health Services and/or the BHSU Student Counseling Center.

Attending Physician's Signature: _____ Date: _____

Please print your name: _____ Phone: _____

Clinic / Hospital: _____

Student can discuss specific dietary needs with the A'viands Dining Services Director or Assistant Director at Black Hills State University or may e-mail: askadietitian@aviands.com or call toll free: 888-872-3788