

[Date]

[Recipient Name]

[Recipient ID/Student Number]

[Address]

[City, State, Zip Code]

Subject: Approval of Medical Dietary Accommodation

Dear [Recipient Name],

We are writing to formally notify you that your request for a medical dietary accommodation has been reviewed and approved. This decision is based on the medical documentation provided by your healthcare provider on [Date of Documentation].

Effective [Start Date], the following accommodations will be implemented:

- **Specific Dietary Requirement:** [e.g., Gluten-free, Nut-free, Low Sodium]
- **Provision Method:** [e.g., Specialized meal prep, access to ingredient lists, specific dining location]
- **Duration:** [e.g., Academic Year 2024, Permanent, or until Date]

Our dining services team has been notified of these requirements to ensure your health and safety. Please identify yourself to the dining supervisor, [Name or Title], on your first visit to discuss the daily protocol for accessing your meals.

Please note that it is your responsibility to notify us immediately if your medical needs change or if the current accommodations are not meeting your health requirements.

If you have any questions regarding this approval, please contact [Department/Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Organization Name]