

Residential Dining Services
Sick Meal Request Form

Students Name: _____ Date: _____

CSU ID Number: _____

Dining Center: _____

Meal Period:

Breakfast

Lunch

Dinner

Late Night

Name of person picking up meal: _____

Please complete this form and email it to rds@colostate.edu. Show the completed form to the Cashier at the meal check station so we can charge the sick students RamCard account (paper copy or electronic copies accepted). **Please note that separate forms are needed for each meal requested.*

For your safety, store to-go meals in a refrigerator until eaten.

Questions? Call or email Residential Dining Services front office Monday – Friday, 7:45am – 4:45pm at 970-491-4754 or rds@colostate.edu.



HOUSING & DINING SERVICES
COLORADO STATE UNIVERSITY