

Dining Services
Sick Tray Authorizations Form

Please Print:

Student Name: _____ Date to be Used*: _____

ID # _____ Charge Amount Limit: 1 meal_or \$ _____
(to a maximum of \$10.00)

I authorize my meal plan account to be accessed by the **below signed carrier** so that he/she may pick up a meal for me in my absence. In addition, my ID card along with the signed authorization form must be presented to the checker/cashier or dining services administrator in order for the carrier to pick up my meal. (Carrier must present proof of identity (Identification))

Meal Plan Holder Signature

Carrier Signature

Meal Plan Holder phone # _____

**To safeguard your meal plan account, this form will be accepted only for the date listed above*

Cashier to ring sale in register using the above Student's ID.

Cashier to provide Receipt to carrier.

Cashier to complete this section and retain form:

Date/Meal Period Used: _____ *Amount Charged:* _____

Location: _____ *Cashier Signature* _____