



Sick Tray Request Form

www.niagaradining.com

Student Name	
ID #	
Meal Plan	Please Circle One: 10 12 16
Meal Pick-Up Time	Please Circle One: AM PM
Meal Picked Up By	
Entrée Choice	
Vegetable Choice	
Starch Choice	
Salad Choice	
Fruit Choice	
Beverage Choice	

Student Signature		Date	
Authorized By		Position	
Received By		Date	

**Print this form and give to your RA
to be turned in to Clet Hall Front Desk.
Any questions, contact Theresa Marinello
716-286-7372**