

Dining Authorization Form



Flu Buddy Program

Please complete this form and sign at the bottom, Only the designated person (your Flu Buddy) will be authorized to present this form.

Date: _____

Student Name: _____
(Student that the food is for)

Pid #: _____

Residence Hall: _____

Room #: _____

Meal Plan Plan (Yes or No) _____

Flu- Buddy _____
(Student that is picking up the food)

By signing this form you are agreeing to allow another student to present this at either Rams Head or Top of Lenoir without you present to authorize the dining service to deduct a meal or charge your Expense account or Flex Account for a meal.

Signature