



Dining Services “Sick” Tray



Student Name _____ UID _____

Student Signature _____ Date _____

I am authorizing the student listed below to use my USF ID Card/meal membership to pick up a to-go box of food because I am ill and have been advised to isolate from other students. I understand that the student must present my USF ID Card and I must have a meal plan to cover the meal which I am requesting.

Person authorized to receive to-go box: _____



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