



FLU BUDDY AUTHORIZATION FORM 2016-2017

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

Date: _____

Student Name: _____
(Student the food is for)

PID #: _____

Residence Hall: _____

Room #: _____

Meal 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 Top of Lenoir or Rams Head Dining Hall without you present to authorize Carolina Dining Services to deduct a meal or charge your Expense or Flex account for a meal.

Signature