College Dormitory Food Allergy Accommodation Request

| Student Name |
|---------------------------------------|
| |
| Student ID |
| |
| |
| Email |
| |
| Dormitory Building/Room Number |
| |
| Food Allergies (list all) |
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| |
| |
| Describe allergic reactions |
| |
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| |
| Requested Accommodations |
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| |
| |
| Medical Documentation (if applicable) |
| Choose File No file selected |
| Emergency Contact Name & Phone |
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