



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs

707.664.2677 • Fax 707-664.3330 • Dial 711 for Relay
www.sonoma.edu/dss

DIETARY ACCOMMODATION REQUEST (Student Request)

Please address the questions below and submit this form to Disability Services for Students.

Name:

Seawolf ID Number:

Cell Phone:

Permanent Address:

What is your food allergy or medical diagnosis?

What is the impact or limitations associated with this allergy or medical condition?

What accommodation are you requesting related to your food allergy or medical condition?

Does this medical condition also impact you in the classroom? If so, please explain.

I understand that my request for dietary accommodations or modifications is not complete until my medical professional has also provided verification of my specific medical condition.

I agree that the DSS office may collaborate with the SSU Dining Services Director and forward your name, contact information, and relevant dietary information in order to determine appropriate dietary modifications.

Signature:

Date:

The requested documentation will be maintained by the DSS office per FERPA guidelines, and will only be utilized to determine the student's request for meal modifications.



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DIETARY ACCOMMODATION REQUEST

(Qualified Professional Verification Instructions)

Student's Name:

Date of Birth:

The student listed above is requesting accommodations or modifications related to their food allergy or other medical condition with regard to special dietary restrictions. In order to consider this request for a reasonable accommodation related to their disability, Sonoma State University requires verification of the student's medical condition from a health care provider familiar with the student's current condition and functional limitations.

What is the student's food allergy or medical diagnosis?

What is the impact or limitations associated with this condition?

Are there specific dietary restrictions or precautions that should be considered?

What is the expected duration, stability or progression of the student's condition (is this temporary or permanent)?

Does this condition also impact the student in the classroom? If so, please explain.

Is there additional information we should be aware of in order to properly accommodate the student related to their condition?

Certifying Professional:

Printed name:

Signature:

License number:

Address:

Telephone:

The requested documentation will be maintained by the DSS office per FERPA guidelines, and will only be utilized to determine the student's request for meal modifications.

Please send the completed form, or responses addressed on your office letterhead to:

Sonoma State University
Disability Services for Students
Salazar 1049
1801 E Cotati Ave
Rohnert Park, CA 94928-3609
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