



DINING ACCOMMODATION REQUEST FORM

Disability Services Office
Kutztown University
VOICE: (610) 683-4108
TTY: (610) 683-4499
FAX: (610) 683-1520
www.kutztown.edu/DSO

To Be Completed by Disability Services Office Staff:

Student Name:

Preferred Name:

Pronouns:

Primary Phone #:

KU ID:

KU Email Address:

@live.kutztown.edu

This student has submitted documentation to the Disability Services Office that:

Includes a related diagnosis of:
Documentation supports:

Student is requesting:

DSO Staff Signature:

Date of Approval/Referral:

By signing this form, I agree that the above information is correct and that I have received permission from the above student to share any medical information with the recipient to best ensure that their dietary needs are met.

To Be Completed by Aramark/KU Dining Staff:

Date of Student Contact:

I did not receive further contact from the student mentioned above

I met with the student mentioned above on _____ ; at this meeting, it was determined that:

Their need could be met by Aramark and KU Dining Services

Their need could not be met by Aramark and KU Dining Services, and it was recommended that they receive a meal plan reduction/exemption in their current residence hall placement

Their need could not be met by Aramark and KU Dining Services, and it was recommended that they be moved/placed in a residence hall with access to a kitchen

Other Comments:

Aramark/Dining Services Staff Signature:

Date: