



STUDENT REQUEST FOR DIETARY ACCOMMODATION FOR FOOD ALLERGIES AND/OR SPECIAL DIETARY NEEDS

Requests for dietary accommodations will need to be reviewed with SDAC for each academic year or summer session. Appropriate and current documentation must be on file for consideration of each request. Students should be advised that accommodations for disability take priority over other considerations.

Any information relevant to the accommodation may be reviewed by appropriate University staff in evaluation and provision of the request(s). Requests must also be submitted in accordance with the deadlines for housing applications for each given academic term.

I. For which academic year and semesters are you requesting accommodations:

Academic year: _____ Fall Spring Summer

II. Student Contact Information

Student Name: _____ Phone: _____

Permanent Address: _____

Local Address: _____


Email: _____

Class Year:

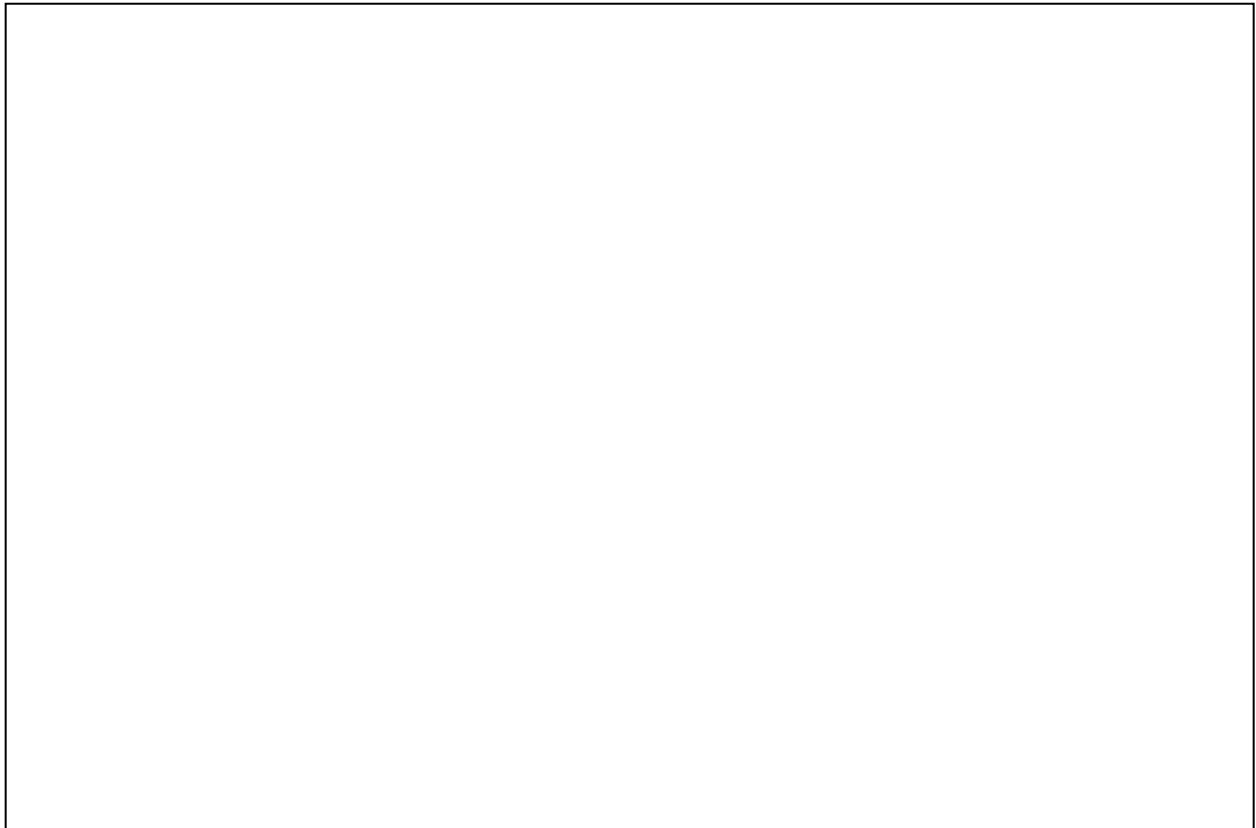
Incoming First Year Third Year Graduate

Second Year Fourth Year

III. Please clearly describe the dietary accommodation(s) you are requesting:

A large, empty rectangular box with a thin black border, intended for the user to describe their dietary accommodations.

IV. Explain how your request relates to your medical condition or disability.

A large, empty rectangular box with a thin black border, intended for the user to explain how their request relates to their medical condition or disability.

V. Specific dietary allergens:

Item	Allergen? (Check for Yes)	Potential Reaction	Severity	Necessary Intervention
Peanuts	<input type="checkbox"/> YES	_____	_____	_____
Tree Nuts	<input type="checkbox"/> YES	_____	_____	_____
Milk	<input type="checkbox"/> YES	_____	_____	_____
Eggs	<input type="checkbox"/> YES	_____	_____	_____
Wheat	<input type="checkbox"/> YES	_____	_____	_____
Soy	<input type="checkbox"/> YES	_____	_____	_____
Fish	<input type="checkbox"/> YES	_____	_____	_____
Shellfish	<input type="checkbox"/> YES	_____	_____	_____
Corn	<input type="checkbox"/> YES	_____	_____	_____
Gelatin	<input type="checkbox"/> YES	_____	_____	_____
Oats	<input type="checkbox"/> YES	_____	_____	_____
Seeds (Please specify)	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
Spices (Please specify)	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
Fruit (Please specify)	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
Other (Please specify)	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____
_____	<input type="checkbox"/> YES	_____	_____	_____

Submit your completed Housing Accommodation Request Form by email, mail, fax or in person to:

[Student Disability Access Center](#)
[400 Brandon Avenue](#)
[PO Box 800760](#)
[Charlottesville, VA 22908-0760](#)
sdac@virginia.edu
 Fax: (434) 243-5188