



# CONNECTICUT COLLEGE

## Student Accessibility Services Certification of Dietary Allergies/Restrictions Provider Fillable Form\*

Connecticut College believes that a major feature of attending a residential college is the opportunity for all students to live together and build a sense of community. Dining with other students is vital in fulfilling this mission. As such, all students enrolled at Connecticut College are required to live in College housing and purchase a College meal plan.

Connecticut College understands how challenging dining with medical dietary needs can be. The College is committed to supporting students with medical dietary disabilities and/or conditions with reasonable accommodations to provide equal access to the College's meal plan and/or dining facilities. Dine at Conn Food Services offers many dining options and makes every effort to accommodate different dietary needs. Occasionally students have special needs based on a documented disability where specific requests and accommodations need to be considered.

The student named below has begun the process to request services with Student Accessibility Services at Connecticut College. To determine eligibility and provide services, we require documentation of the student's disability.

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### Release of Information

I (print student name) \_\_\_\_\_  
hereby authorize the release of the following information to the Student Accessibility Services at Connecticut College for the purpose of determining my eligibility for educational accommodations.

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Student Signature

Camel ID #

Date

\*Text field will be displayed either next to or under the first word of the question or tab to the next field Note: Provider signature is not fillable. The document must be printed and signed by provider prior to submission.

## **Certification of Dietary Allergies/Restrictions Form**

### **To be completed by provider:**

#### **To the certifying professional:**

Please complete the form below in as much detail as possible. The information you provide will not become part of the student's educational records. It will be kept in the student's file in SAS, where it will be held strictly confidential. This form may be released to the student at his/her/their request. In addition to the desired information below, please attach any other information you feel would be relevant to the student's request. Please contact SAS if there are any questions or concerns.

1. Student's name

Date:

2. What is the student's documented dietary condition?

3. Date of Above Diagnosis:

4. Date Last Seen:

5. Is the student currently under your care? Yes ☐ No ☐

If yes, how often is the patient required to be seen by you?

6. Please describe in detail the type, severity, and frequency of symptoms as related to the diagnosis.

7. Has the student been hospitalized for this condition? Yes ☐ No ☐ (If yes, please complete the following)

a.) How frequently has the student been hospitalized?

b.) Date of most recent hospitalization?

c.) What exacerbated the condition to the point of hospitalization?

8. Please check recommended accommodations to the student's medically necessary dietary needs.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Gluten Free                                  | <input type="checkbox"/> Dairy/Lactose Free | <input type="checkbox"/> Low Calorie      | <input type="checkbox"/> Diabetic Diet |
| <input type="checkbox"/> Nut Free                                     | <input type="checkbox"/> Soy Free           | <input type="checkbox"/> Low Carbohydrate | <input type="checkbox"/> High Protein  |
| <input type="checkbox"/> Shellfish Free                               | <input type="checkbox"/> Vegetarian         | <input type="checkbox"/> Low Fat          | <input type="checkbox"/> Other *       |
| <input type="checkbox"/> Gastrointestinal Diet (Cohn's, Colitis, IBS) |   |   |  |

Additional information\*:

9. Are there any unusual circumstances surrounding this condition that would help us make an appropriate decision regarding accommodations for this student?

**Please attach any additional information you feel would be helpful to us in assisting the student with this dining accommodation.**

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CERTIFYING PROFESSIONAL\*

Professional's Name:

Title:

Name of Practice:

Address:

Phone:

Email:

License # and Issuing State:

Signature of Professional:

Date: