



Please submit completed form to: nutritionist@stanford.edu

R&DE Stanford Dining 2024-2025 Dietary Accommodations Form

Name: _____ SUID#: _____

Stanford Email: _____ Phone: _____

Status: Freshman Sophomore Junior Senior Grad Student

Campus Residence: _____ *or* Housing not yet assigned

Assigned Dining Hall: _____

Please specify any food allergies/intolerances:

	Intolerance	Allergy	Severity & Symptoms (please describe)
Coconut	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Milk	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sesame	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tree Nuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheat/Gluten	<input type="checkbox"/>	<input type="checkbox"/>	_____

Describe any intolerances, allergies or foods you avoid that are not listed above:

Do you carry an epipen? Yes No

Are any of your allergies airborne? Yes No

Please specify any dietary preferences:

Vegetarian Vegan Halal Kosher Other _____

Comments: _____

Are you registered with the Office of Accessible Education (OAE)? Yes No

If yes, please list your Disability Advisor: _____

Would you like to receive email updates from the Food Allergies @Stanford program?

Yes No

Other Details (optional)
