

**Verification of Allergy Form**  
**Calvin College**

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Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Calvin Email: \_\_\_\_\_

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**Student Release**

I, \_\_\_\_\_, hereby authorize the exchange and release of the following confidential information to Residence Life, Food Services



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**Suggested accommodations** Each recommended accommodation should include a detailed explanation of its relevance to the disability that is diagnosed. Evaluator also should indicate the level of impaired functioning at which the individual is currently functioning even with the benefits of treatment.

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