

REGISTER YOUR *food allergies*

Name: _____ School Status: (please circle one) F SP Jr Sr Grad

Date of Birth: _____

Kent State ID: _____

Phone Number: _____

Email: _____

Address/Residence Hall: _____

Emergency Contact Information:

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Please list your allergies or intolerances:

Do you carry an EpiPen?

Completed forms can be sent to jordan-madison@aramark.com or reynolds-emily1@aramark.com. You can also bring your completed form to our Main Dining Office located on the second floor of Tri-Towers.