

**PROCESS INFORMATION**

Penn State Housing provides one Microfridge unit (microwave/refrigerator/freezer) in every residence room. These units are not certified for kosher use. A student who is following kosher dietary laws may request to bring a microwave and/or refrigerator unit to use in the residence room.

- The student must have a qualified Jewish professional (e.g., Rabbi, youth group advisor, educator, or Hillel staff member) complete this form to verify that student is practicing kosher dietary laws.
- The completed form must be submitted to the University; the student’s account will be updated to reflect that the student has permission to have a personal microwave and/or refrigerator in the residence room.
- The microwave and/or refrigerator must meet the specifications identified below.
- The student is responsible for installation and removal of the unit(s), and any damage that the unit(s) may cause.

**SPECIFICATIONS**

Units must not exceed these specifications:

<b>Microwave</b>	Power Supply	120 volts 60 Hz single phase with grounding
	Output Power	800 watts
	Frequency	2450 MHz
<b>Refrigerator</b>	Power Supply	115 volts
	Capacity	3.0 cubic feet
	Size	33”h x 19”w x 19”d
	Energy Consumption	Energy-Star rated, no more than 210kWh annual energy consumption

**STUDENT INFORMATION – completed by student**

Printed Student Name \_\_\_\_\_ PSU ID \_\_\_\_\_

Penn State Access Account \_\_\_\_\_ Phone Number \_\_\_\_\_

Room Assignment \_\_\_\_\_ Semester \_\_\_\_\_

I confirm that I following kosher dietary laws, and in accordance with those laws, I am requesting to bring a personal microwave and/or refrigerator that meets the identified specifications. I also understand that I am responsible for any damage charges that may result.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PROFESSIONAL CONFIRMATION – completed by Jewish professional**

Name \_\_\_\_\_ Professional Role \_\_\_\_\_

Phone Number \_\_\_\_\_

I am verifying that the student identified is following kosher dietary laws and requires a kosher microwave and/or refrigerator in his or her residence room.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMPLETED FORM SUBMISSION**

Submit the completed form to: Penn State Assignment Office  
 201 Johnston Commons, University Park PA 16802  
 814-865-7501; 814-863-8364 fax  
[assignmentoffice@psu.edu](mailto:assignmentoffice@psu.edu)