Request for Kosher Microwave/Refrigerator in University Housing

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:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Power Supply</th>
<th>Output Power</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microwave</td>
<td>120 volts 60 Hz single phase with grounding</td>
<td>800 watts</td>
<td>2450 MHz</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>115 volts</td>
<td>3.0 cubic feet</td>
<td>33”h x 19”w x 19”d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Size</th>
<th>Energy Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0 cubic feet</td>
<td>33”h x 19”w x 19”d</td>
<td>Energy-Star rated, no more than 210kWh annual energy consumption</td>
</tr>
</tbody>
</table>

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