

**The Universities at Shady Grove
Disabled Student Registration Form**

This form and registration is completely *voluntary and confidential*. Its sole purpose is to aid emergency personnel in locating a disabled student during an emergency situation that would likely involve a building evacuation. The forms will be maintained by security personnel in a secure location. You may fill out as much information as you are comfortable with.

Name: _____ Sex M F Age: _____
 Address: _____
 Phone: ___/___/___ Email: _____
 Emergency contact:
 Name _____ Number: ___/___/___ Relationship: _____
 Physician: Name: _____ Number: ___/___/___

Please use the space below to describe your disability and what assistance you would need in the event of a building evacuation. Include any apparatus you require to keep with you and dimensions and weights of same:

University and Academic Program _____

Please list your class information below:

Course/#	Instructor	Day of Week	Times	Building	Room #

The information above is accurate for the _____ semester of (year)_____
 Additional forms should be completed for each subsequent semester of attendance,

I authorize the use and dissemination of this information to authorized personnel for emergency purposes. This form will only be kept on file for the semester(s) sessions(s) you have indicated above, the form will be destroyed after the period you have indicated has expired.

Printed Name: _____ Signature: _____ Date: _____

You may attach a photograph of yourself or any other relevant medical information/documentation you wish to share that would aid rescue workers during an emergency.

Please complete form and return Columbus Mack, Facilities Manager, USG III-2121. You may also email the completed form to him at cmack@umd.edu.