

## IDENTIFICATION PROCEDURE

### **Locations of Students Needing Assistance to Evacuate Main Campus Buildings**

1. At the beginning of each semester, Disability Services' staff identifies those students with physical mobility limitations (wheelchair-users or other adaptive equipment) who have requested accommodations.
2. An ongoing spreadsheet is updated to include both repeating students as well as new students to campus.
3. The spreadsheet contains name, day of the week, specific room number, and time-of-day for each student. When there are students with multiple classes, each is listed separately, so that their location is known at any time.
4. Once the spreadsheet is completed it is turned into Campus Police for their ongoing evacuation planning and readiness.

### **Locations of Students with Medical Conditions Who May Need Assistance in an Emergency Situation**

1. At the beginning of each semester, Disability Services' staff identify those students who have come forward and disclosed medical conditions that warrant tracking during a semester in case of an emergency situation on their part, or on the part of the campus environment.
2. A profile of the condition, its medical or psychological characteristics, and how the condition should be handled by Campus Police in case an emergency is requested of the student. This profile, along with permission to disclose it to Campus Police, must be submitted by the student to protect privacy.
3. Once the profile is completed, a schedule of the student's classes, locations and times is attached and is submitted to Campus Police for their records.

#### **STUDENT AGREEMENT/RELEASE**

I give permission to Disability Services' staff to share my name, semester course schedule, and a summary of my characteristic(s) with the Office of Public Safety each semester, to ensure that appropriate assistance will be available to me when needed.

This permission to release information to Public Safety is valid for each semester I am enrolled at Delta, unless terminated by me in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please attach special instructions regarding assistance and/or medical conditions. Special instructions must be typed and submitted either as an attachment via email (michaelcooper2@delta.edu), or in person (D106).

