

Self-Identification for Persons with Disabilities Questionnaire
Programs & Services for Students with Disabilities (PSSD)
Berkeley City College

Consent for Release of Information

I, the undersigned, release to the Office of Instruction, Security, and other personnel as needed for the purpose of emergency evacuation assistance.

Name: _____ Date: _____

Semester: _____
(Effective this semester only)

GENERAL INFORMATION	
Name:	Phone Number: Contact Number: E-mail:
DESCRIPTION	
Please describe the type of assistance you may need during a building evacuation. Do <u>NOT</u> provide medical details.	
<p>Declination Statement: Self-identification is voluntary. Although the College strongly encourages individuals who may need assistance during an emergency to identify themselves in order to collaborate on development of a Personal Emergency Plan, you may decline to do so.</p> <p><input type="checkbox"/> By checking this box, you acknowledge that you do not need assistance during an emergency evacuation of this building.</p>	