



Disability Evacuation Assistance Registration Form

Students with disabilities or students with chronic medical, health or psychological conditions, whose illnesses or disabilities may interfere with their ability to evacuate their residence halls or university apartment unassisted in the event of an emergency or evacuation, are encouraged to alert the Office of Disability Services (ODS) by completing this form. This information will be shared with Columbia’s offices of Public and Fire Safety, Residential Programs, Housing, and the local Fire Department of New York (FDNY). Students with disabilities with special evacuation needs are advised to contact the Department of Public Safety Office of Fire and Life Safety at (212) 854-6670, or 6676 for individual emergency preparedness and planning consultation. Additionally, students are advised to learn the evacuation plans and routes for their residential and academic buildings.

** Individuals with a health conditions or physical or sensory impairments may be at greater risk during evacuations. The research shows that self-awareness and preparedness affords individuals the best chance for a safe evacuation. ODS strongly encourages all students who believe that their conditions may interfere with their safe evacuation to take full advantage of the Public Safety’s Office of Fire and Life Safety preparedness training. A useful guide you may wish to review is entitled the “Emergency Evacuation Preparedness Guide” for individuals with disabilities which is available on the web at <http://www.cdihp.org/evacuation/toc.html>*

Student Name: _____ UNI: _____

Columbia Housing Location (if known): _____

Campus Telephone Number (if known): _____

Mobile Phone Number: _____

Type of Disability/ Chronic Medical Condition:

- | | |
|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Visual Impairment/ Blind | <input type="checkbox"/> Physical/ Mobility |
| <input type="checkbox"/> Deaf or Hard-of-Hearing | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Health : _____ | |
| <input type="checkbox"/> Other: _____ | |

Please describe the type of evacuation assistance that you need: _____
