



Services aux étudiantes et aux étudiants ayant des besoins particuliers

Identification and Evacuation Plan Form

In order for us to provide you with assistance in the event of an emergency building evacuation, we ask that you complete this form for use by the Collège Boréal Evacuation Team and the Fire Services Team.

Name: _____ **Date:** _____

Student/Employee #: _____

Campus: _____ **Building:** _____

Program: _____ **Step:** _____

Nature of Special Needs:

Please describe the assistance required in the event of an evacuation:

We assure you that the information collected will be treated confidentially and will be disclosed and used solely for the purposes identified above.

I agree to the disclosure of information concerning my special needs to the persons concerned so that I may receive the necessary assistance in the event of a building evacuation.

Signature

Date

Witness

The timetable of the person identified above is to be attached to this form. Please inform us of any changes so that we may keep your information up to date.