



**UNIVERSITY PARK POLICE
DEPARTMENT**

6724 Baltimore Avenue
University Park, Maryland 20782
(301) 277-0050 FAX (301) 277-4548



The University Park Police Department has created a registry for individuals with Autism or other disabilities in an effort to give police access to critical information in the event of an emergency. The registry can provide police with emergency contact information, detailed physical descriptions, known routines, favorite attractions or special needs of an individual. This information can be critical for individuals with an Autism Disorder or other disabilities such as: Alzheimer's, Dementia, Down syndrome or any other endangered individuals. The information you provide can greatly assist police officers when time is essential in communicating and dealing with an emergency situation involving a person with a disability.

The registration form asks for valuable information that police may need when helping individuals with a disability. We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we can take one for you. The information you provide is confidential and will only be used by law enforcement and/or medical professionals to care for your loved one.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to all community members. Please contact the University Park Police Department at egilead@upmd.org or call (301) 277-0050 with any questions. Completed forms may be e-mailed to egilead@upmd.org, turned into our police officers, or taken directly to the University Park Police Department.

DEPARTMENT USE ONLY

NAME OF INDIVIDUAL: _____

ADDRESS: _____

DATE FORM RECEIVED: _____ DISPATCHER: _____

DATE DATA ENTERED: _____ DISPATCHER: _____

SUPERVISOR APPROVAL: _____ DATE: _____



University Park Police Department
Because We Care
A registry to assist persons at risk



First name		Last name		DOB	
Nickname (or name that should be used to solicit a response)					
Street address					
City		State		Zip Code	
Home phone		Cell phone		Other	
Race		Sex		Height	
				Weight	
Complexion		Hair color		How worn	
Scars / Marks / Tattoos					
Method of communication? (If non-verbal; sign language, picture boards, written words, etc)					
Techniques that will attract the individual? (particular voice (mom, dad, etc), favorite song, etc)					
How would the individual react to sirens, helicopters, search k9s, people in uniform?					
Best methods of approach? (Include approach and de-escalation techniques normally used)					
Identification worn? (Jewelry, Medic Alert, Clothing Tags, ID Card, Tracking Monitor, etc)					
Fascinations and/or stimulants? (trains, heavy equipment, airplanes, fire trucks, water, active highway)					
Favorite place to go?					
If the individual has wandered away before, where was he/she located?					
Medical, sensory or dietary issues or requirements?					
Additional relevant information					

Please attach a recent photo to this form.

You can also schedule an appointment to have a photograph(s) taken at the University Park Police Department. Please call 301-277-0050 or email egilead@upmd.org



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PRIMARY EMERGENCY CONTACT INFORMATION

First name		Last name		Relation	
DOB		Gender		Email	
Home street address					
City		State		Zip code	
Home phone		Cell Phone		Other	

SECONDARY EMERGENCY CONTACT INFORMATION

First name		Last name		Relation	
DOB		Gender		Email	
Home street address					
City		State		Zip code	
Home phone		Cell Phone		Other	

ADDITIONAL EMERGENCY CONTACT INFORMATION

First name		Last name		Relation	
DOB		Gender		Email	
Home street address					
City		State		Zip code	
Home phone		Cell Phone		Other	

