



# Munster Police Department

## **Special Needs or Disability Notification Form**

**Instructions:** This form is to be completed by the guardian of, or power of attorney over, any Munster resident with a diagnosed disability with the purpose of making the Munster Police Department aware of this said disability for notification purposes in our computer system. Please return this form to the Munster Police Department's Records Division for entering.

### SUBJECT INFORMATION

LAST

FIRST

MI

DATE OF BIRTH

### HOME ADDRESS

CONTACT NUMBER

SCHOOL (if applicable)

Grade

PHYSICIAN

CONTACT NUMBER

SPECIAL NEEDS: \_\_\_\_\_

CONSIDERATIONS DURING INTERACTION (Use Additional Sheet if Necessary): \_\_\_\_\_

As the guardian of, or power of attorney over, the above listed subject, I hereby grant permission for the Munster Police Department to enter the information included in this form onto the listed subject's name file in the police department's database for safety purposes.

SIGNATURE

PRINT NAME

DATE SUBMITTED

For Office Use Only:

Date Entered \_\_\_\_\_

Initials \_\_\_\_\_