



# Student Emergency Evacuation Form

As a student disclosing a disability, this form reviews your responsibilities and helps us to understand your needs in the event of an emergency. The information provided on this form is confidential and only shared with those who need to know in order to create and implement a personal safety plan.

Student's Name \_\_\_\_\_  
LAST NAME, FIRST NAME MIDDLE NAME

Date of Birth \_\_\_\_\_ Cell number \_\_\_\_\_

Year      Freshman      Sophomore      Junior      Senior      Graduate

Semester      Fall      Intersession      Spring      Summer

Date \_\_\_\_\_

By typing your full name you are hereby signing this form.