



THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

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.

PERSONAL INFORMATION

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 Year _____

STUDENT HOUSING INFORMATION

Residence Hall _____ Room Number _____

- I decline the option to create a personal safety plan at this time.
- I would like to schedule a meeting with the Health and Safety Officers to create a personal safety plan.

I understand that I am personally responsible for my own safety and must prepare actively for an emergency.

Signature _____ Date _____

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

Upon completion, please upload to the Accommodate system.