



## Emergency Preparedness Form

Name: \_\_\_\_\_

- Faculty
- Staff
- Undergraduate Student
- Continuing Studies Student
- Graduate Student

Please indicate the assistance you need in the event of an emergency evacuation:

- Traveling up and down stairs
- Walking to an exit
- I need the following in my possession at all times:
  - Cane
  - Walker
  - Wheelchair
  - Medication (please list) \_\_\_\_\_
  - Other \_\_\_\_\_

### Primary Campus Location (ex. Office, Residence Hall room):

Building: \_\_\_\_\_ Room: \_\_\_\_\_

### Contact Information:

Office/Room Extension: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please attach a copy of your schedule for the semester (classes, meetings, athletics, office hours, work study, etc.)

Please Return to Michele Mocarsky (Faculty/Staff Requests) or Kristin Tracy (Student Requests)

*Completing this form is voluntary; information provided is confidential and will only be shared with necessary parties (Accessibility Committee, Emergency Personnel, etc.).*