THE UNIVERSITY OF SCRANTON

OSSS

OFFICE OF STUDENT SUPPORT & SUCCESS

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.

This form will be on file in the Office of Student Support and Success (OSSS).

Personal Information:

Student Name: _____
[Last] [First] [Middle]

Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Royal ID Number: _____ Email: _____

Local/Cell Phone: _____

Semester/Term: ☐ 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 thereby signing this form.

Upon completion, please upload to the Accommodate system.