

EMPLOYEES

Self-Identification Emergency Evacuation Form

Updated August 2024

This form is used to self-identify as someone who may need assistance with evacuation during a campus building emergency. Information provided on this form is confidential and only shared with those who need to know to create and implement a personal safety plan.

Any questions regarding self-identification or the emergency evacuation plan or process should be directed to Elizabeth M. Garcia, Executive Director for the Office of Equity and Diversity, Institute of Molecular Biology and Medicine, Suite 315, (570) 941-6645, [elizabeth.garcia2@scranton.edu](mailto:elizabeth.garcia2@scranton.edu) or [diana.collinsgilmore@scranton.edu](mailto:diana.collinsgilmore@scranton.edu).

Please review the policy at <https://www.scranton.edu/equity-diversity/personal-evacuation-guidelines-disabilites.shtml>

**Contact Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_R#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMIT COMPLETED FORM TO** [**non-academic-accom@scranton.edu**](mailto:non-academic-accom@scranton.edu)

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building and Rm. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Ext. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

\_\_\_\_\_\_I decline the option to create a personal safety plan at this time.

\_\_ I would like to schedule a meeting with the OED and 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: Type Full Name: Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_