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## EMERGENCY EVACUATION ASSISTANCE

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### CONFIDENTIAL

In order to maintain evacuation procedures for all facilities, we need to determine whether or not any staff members or students would require assistance in an emergency evacuation. Please be assured that this information will only be used for emergency evacuation purposes and will only be shared with those who have responsibilities under the emergency evacuation plan.

I would require assistance during an evacuation:      Yes                      No

Type of Assistance: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Office Contact Number: \_\_\_\_\_

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

Location: \_\_\_\_\_

Name of Direct Supervisor: \_\_\_\_\_