

Emergency Evacuation Special Needs Notification

This form is for employees of the RELIS Academic Complex to provide information about special assistance that may be needed in case of an emergency evacuation while at work. The information provided will be kept confidential and will NOT be placed in any personnel files. The Building Proctor or designee will retain the completed forms, and may communicate special needs to the appropriate Floor Proctors, safety/emergency personnel, or other individuals who may need the information necessary to fulfill their responsibilities under our BEAP.

Please be aware that self-identification is voluntary and employees are not required to provide this information.

Employee Name: _____

Work Location: _____

Office Number: _____

Please describe the type of assistance you think will be needed in case of an emergency evacuation:

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) Receive and review that information; and (3) have the information corrected at no charge. Contact: .