North Iowa Area Community College
Emergency Evacuation Request Form

To be effective in the event of an emergency evacuation, NIACC must be able to identify and support those students with a disability who need assistance in order to evacuate safely.

Please complete this form and return it to Lisa Vance, Counselor for Disability Services, AB106A. A Personal Evacuation Plan will be developed in cooperation between the student, Disability Services Counselor, and other involved individuals. You will be contacted regarding this request.

Name:_____

Address:_____

Cell Phone: _____

Email: _____

RA's Name (if applicable): _____

Dorm Location (if applicable): _____

Functional Limitation(s)

- ☐ Mobility
- ☐ Auditory
- ☐ Visual
- ☐ Other _____

How does your disability affect your ability to evacuate during an emergency?

Examples may include:
1. Can you use stairs?
2. Are you limited in your use of latches, knobs, power-assisted buttons?
3. Would you be able to hear an alarm?
4. Do you use a wheelchair, cane or guide dog to help you travel throughout the day?

Student:_____

Date:_____

Evacuation Procedure (to be completed by DS personnel w/ Student): See attached Evacuation Procedure.

Counselor for DS:_____

Date:_____

Students/Faculty/Staff Providing Evacuation Assistance:

_____ Contacted:_____

_____ Contacted:_____

_____ Contacted:_____

_____ Contacted:_____

_____ Contacted:_____

_____ Contacted:_____