

GENESEO

Department of Chemistry

SELF IDENTIFICATION FORM DEPARTMENT OF CHEMISTRY

FOR PERSONS NEEDING ASSISTANCE DURING AN EMERGENCY EVACUATION

Please print out, complete, and submit this form to Stockroom Personnel if you would need assistance during an emergency evacuation of Academic Chemistry laboratories in the Integrated Science Center. You may rescind this Self Identification Form at any time in a semester. Please notify Daniel Jacques (jacques@geneseo.edu) in writing if you wish to do so. **Please be aware this form does not cover research labs if submitted to the stockroom. Please notify your lead professor for research labs.**

1. **Name** (First/M.I./Last) _____
2. **Type of Disability** (which may affect your safe evacuation from lab)
- ____ Visually impaired
- ____ Hearing impaired
- ____ Mobility impaired (using crutches, canes, walker, or wheelchair)
- ____ Other(s) (please specify below)
- _____
- _____
- _____

3. **Lived Pronouns** (to address and refer to you properly in the event of an emergency)
- she/her/hers he/him/his they/them Prefer not to say Other _____

5. **Term** (Fall Semester | Spring Semester | Summer Session) _____

6. **Year** _____

7. List below the chemistry lab(s) that you are taking. **Notify the chemistry stockroom of any changes in your course schedule during the semester and update this information by resubmitting this form at the beginning of each semester** (if assistance in emergencies is needed each semester).

Course	Section	Time	Days	Location

1.				
2.				
3.				
4.				

8. I agree that the information above can be released to other professional chemistry personnel, Safety Personnel, and/or Lab Assistants (LAs) in order to arrange special assistance to me in the event of an emergency.

Signed: _____ (Please sign your name)

Print your name: _____ Date: _____

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