

Emergency Action Plan Student Consent

By signing below, I consent to allow Student Accessibility Services to share information relevant to my need for support during an Emergency Evacuation from the Residence Halls with Residential Life, Sewanee Police Department, and Sewanee Fire Department.

I have a mobility challenge that will require me to access support during an evacuation

I have a registered ESA and carrier in my residence.

My ESA is a _____ named _____
Type of animal

**Please note this consent is valid for up to one year from the date of signature.

Student's Signature

Date

Student's Printed Name