



**Emergency Response Plan  
Departmental Coordinator**

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

I agree to serve as the Departmental Emergency Response Coordinator for this department.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Campus address: \_\_\_\_\_

Campus phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please return this form by May 1, 2008 to:*

Mary Beth Collier  
Executive Assistant to the Provost  
HAB 803  
(845) 257-3199