

UMBC



RESIDENTIAL  
LIFE

## West Hill - Emergency Campus Closure Notification

I understand that my room/apartment has been designated as a relocation space in the case of a campus emergency (e.g. pandemic flu). I agree to follow all procedures as instructed to prepare and vacate my room/apartment in the case of a campus emergency and/or campus closure. I understand that I may be asked to vacate my space within a 48 hour time frame under emergency conditions.

\_\_\_\_\_  
Student Name (print)

Room # \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use Only:

Residential Life Staff Member \_\_\_\_\_ Key Accept Date: \_\_\_\_\_

Information to Community Director Date: \_\_\_\_\_