

University of Notre Dame
Authorization for Release of Information

Please complete and sign this form to authorize the University of Notre Dame to release information to your home institution for the purpose of facilitating resources and support at your home institution.

Complainant/Witness Name: _____ Complainant/Witness Email: _____

Complainant/Witness Phone: _____ Complainant/Witness Other: _____

I, _____, authorize the Deputy Title IX Coordinator/Designee at
Complainant/Witness's name
the University of Notre Dame to release my name and the general nature of my complaint to:

Deputy Title IX Officer/Designee at _____

Other (name, contact information): _____

I may share additional information with my home institution at any time. The purpose of this release is to facilitate resources and support. This release of information will be in effect for six (6) months from the date of the Complainant/Witness's signature below. I understand that I may revoke this release at any time by giving written notice to the Deputy Title IX Coordinator/Designee at the University of Notre Dame. Any further disclosure by the University of Notre Dame will require an additional written consent form.

Signed: _____
Complainant/Witness

Date: _____

Signed: _____
Parent / Legal guardian if Complainant/Witness is a minor

Date: _____