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 __________________________
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: __________________________ Date: ________________
Complainant/Witness

Signed: __________________________ Date: ________________
Parent / Legal guardian if Complainant/Witness is a minor