Form # 4

RELEASE OF INFORMATION

I, ____________________________________________________________,

as the complainant/respondent, grant consent to

__________________________________________________________, as the Sexual
Harassment Advisor, to obtain/release information to/from

__________________________________________________________________________________.

The purpose of the obtained/released information is to

__________________________________________________________________________

__________________________________________________________________________

and is for the period covering __________________ to ________________________.

I, ____________________________________________________________, understand that I may
withdraw my consent at anytime by notifying ________________________________,
Sexual Harassment Advisor, in writing.

I agree that the above was discussed and I understand the potential risks
associated with releasing my personal and confidential information with the
identified third party(s).

Complainant/Respondent _______________________________ Date

Sexual Harassment Advisor _______________________________ Date

The information on this form is collected as per the University-Wide Procedures for Sexual Harassment and
Sexual Assault Concerns and Complaints and is a required part of the investigative process outlined in the
Procedures. If you have questions about the collection and use of this information, contact the Sexual
Harassment Advisor, Sexual Harassment Office at 709-864-2015.