



Sexual Harassment Office
 Earth Sciences Building ER6039
 Memorial University of Newfoundland
 St. John's, NL Canada A1C 5S7
 Tel: 709 864 2015
www.mun.ca/sexualharassment

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 parties(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.