



Learn Boldly. Live to Inspire.

Authorization and Release of Information From Title IX Services

I, _____ (_____),
PLEASE PRINT: First Name M.I. Last Name Student/Employee ID #

request and authorize Title IX Services at Texas Lutheran University, or any of its representatives, to release any information, opinions, documents, and/or records regarding an investigation or disposition to the following individuals:

AUTHORIZED THIRD PARTY INFORMATION

(1) _____
FULL NAME EMAIL ADDRESS

AFFILIATION/RELATIONSHIP PHONE NUMBER

(2) _____
FULL NAME EMAIL ADDRESS

AFFILIATION/RELATIONSHIP PHONE NUMBER

(3) _____
FULL NAME EMAIL ADDRESS

AFFILIATION/RELATIONSHIP PHONE NUMBER

I may revoke this authorization in writing at any time, except to the extent that Title IX Services has already relied on this information.

REQUESTED BY:

STUDENT/EMPLOYEE SIGNATURE DATE

EMAIL ADDRESS PHONE NUMBER