

Office of the Ombuds
Division of Student Affairs
237 University Pavilion
University of Michigan-Flint
Flint, MI 48502-1950

Authorization Form

I authorize the Office of the Ombuds to make needed inquiries and collect relevant information about the discussed issue(s).

Check one:

It is acceptable to use my name in making inquiries and collecting information

I do not give permission to use my name

Identify any other conditions or qualifications related to the Office of the Ombuds making inquiries and collecting information (for example, is there a date that this authorization expires?):

Name: _____

Signature: _____

Date: _____

