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: ____________________