

Title IX Office, SC123 | 2740 West Mason St, Green Bay, WI 54303 | 920-498-6390 | Fax: 920-491-3792 TitleIXinfo@nwtc.edu

Authorization for Exchange of Information Title IX Team

Client/Student Name	Date of Birth
Student ID	
	, do here by authorize the exchange of verbal information
between NWTC Title IX Team and	
NWTC Faculty/Instructor:	
NWTC Counseling Staff:	
(Verbal exchange of information only)	
NWTC Advisors:	
Other:	
Name of Person and Agency to be contacted:	
Relative to my past or present invol-	vement with the above-named agency or person.
The purpose of this exchange is to you are taking classes.	facilitate the implementation of accommodations during the semester
thereon and that this authorization	n is revocable except to the extent that action has been taken in reliance will remain in force until I am no longer receiving reasonable IX team in order to effectuate the purpose for which it was given.
If I wish to revoke this authorizatio	n, I must do so in writing.
	a. I have had the chance to talk about my questions and concerns, action. I understand and agree with the above and I have rm.
Student Signature	Date

Witness Signature

Date

NOTE TO CLIENT AND RECIPIENT OF INFORMATION: This information has been disclosed to the above-mmdperson/organization from records whose confidentiality is protected by WI Statute 51.30, HFS 75.13 and/or Federal Regulation 42 CFR, Part II. These laws prohibit you from making any further disclosure of this information without the specific written consent of the person whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.