



Release of Records Consent Form

It is important to reiterate that during the course of the investigation and grievance process, Texas Southern University, Office of Title IX will not access, consider, disclose, or otherwise use any individual(s) records that are made and maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party.

Individual(s) involved in the University's investigation and grievance process may authorize the access, consideration, disclosure, and use of records maintained by professional healthcare providers so long as the individual(s) provides the Office of Title IX with their voluntary and written consent to do so for the grievance process.

This is a consent to voluntarily release information about: _____
Name of Individual

University ID Number

Phone #

Email

I consent and authorize Texas Southern University, Office of Title IX permission to access, consider, disclose, and/or otherwise the use of health records and information maintained and in connection with the investigation and adjudication of the University's Grievance Process of which I am involved.

I understand this information will be used only for its relevancy regarding the ongoing University's Grievance Process and will not be used for any other purposes not associated with the University's investigation and adjudication of the complaint filed.

I understand that I can revoke this consent in writing at any time to the Office of Title IX. Any information already released at the time of revocation may no longer be consider should I revoke my consent. I understand the provided information may be necessary at inculpatory or exculpatory evidence related to the complaint under investigation and adjudication.

I understand my consent will expire automatically at the end of the University's Grievance Procedures. By my signature below, I affirm that I have read this consent form, or it has been read to me, and I understand its content.

Signature of Individual Authorizing Consent

Date