



Sexual Misconduct Confidential Resource Advisor

Release of Information

I understand that the Sexual Misconduct Confidential Resource Provider (SM-CRP) is a designated MIT confidential resource and will keep my personal information, identifying information, and my records confidential to the greatest extent permitted by law.* I also understand that I can choose to allow the SM-CRP to release some of my personal information to certain individuals, entities, or agencies.**

I, _____, authorize the SM-CRP to share the following specific information with:

Name(s):	
Office or agency:	
Phone #:	Email:

The information may be shared:	any method	by phone	by email	in person	
---------------------------------------	------------	----------	----------	-----------	--

I understand that email may not be secure and could be intercepted and read by other people.

Information to be shared: (please list <u>as specifically as possible</u> , for example: name, dates of service, any documentation, incident details, etc.)

Purpose of release: (please check all that apply)		
Assistance with police or court case	Consultation with medical/mental health provider	Assist with academics
Referral to other services	IDHR/Office of Student Conduct assistance	HR assistance
Other (describe):		

*Please note: If requested by you, the SM-CRP, using only your identifying information, shall coordinate with appropriate MIT personnel to arrange possible interim school-based supportive measures to allow you to change academic, living, campus transportation, or working arrangements in response to alleged sexual misconduct.

**Please note: There is a risk that a limited release of information to a third party may result in your information being further disclosed to other individuals.

I understand that:

- I do not have to sign a release form and that signing a release form is completely voluntary; I do not have to allow the SM-CRP to share my information.
- Unless disclosure of my information is otherwise required by law, or I have made a request to the SM-CRP to arrange possible interim school-based supportive measures using only my identifying information as described above, this release is limited to what I have written above. If I would like the SM-CRP to release information about me in the future, I will need to sign another written, time-limited release.
- The SM-CRP and I may not be able to control what happens to my information once it has been released to the above persons, entities, or agencies, and that the persons, entities, or agencies receiving my information may further share it with others.

This release expires in 90 days or on _____.

DD/MM/YY

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in writing. The SM-CRP has discussed any alternatives, possible risks, and potential benefits that could result from sharing my information.

Print Name: _____ Date: _____

Signature: _____

SM-CRP: _____ Date: _____

SM-CRP Signature: _____