

### VISITOR CONSENT FORM

I, \_\_\_\_\_, give my permission for Ombuds Services to retain my file for the purposes of a follow-up call:

PHONE NUMBER	OK TO LEAVE MESSAGE?	DATE OF FOLLOW-UP CALL
	YES                      NO	

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I, \_\_\_\_\_, of \_\_\_\_\_ (Department + Division/Workgroup) give my permission for Ombuds Services to share the following information:

MESSAGE	RECIPIENT	DATE OF EXPIRATION