

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	

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

MESSAGE	RECIPIENT	DATE OF EXPIRATION