

**How can we best  
contact you?**

Send an email to

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You can call me.

Day Time Phone:

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You can leave a voicemail  
message.

Other:

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**Get in Touch**

If at any point you feel you need additional support or feel in danger, do not hesitate to reach out to the following individuals, Deputy Coordinator, or a 24 hour service including Campus Police, Local Authorities, and State Police.

**Linda Koenig**

Title IX Coordinator  
lkoenig@ithaca.edu  
(607) 274-7761

**Maggie Wetter**

Title IX Deputy Coordinator  
mwetter@ithaca.edu  
(607) 274-5136

**RESOURCES  
FOR  
RESPONDING  
PARTY**



**OFFICE OF TITLE IX,  
ITHACA COLLEGE**

# CONFIDENTIAL RESOURCES

*The information you provide the following resources is confidential; they will not share what you confide.*

**CAPS** (607) 274-3136

**Cayuga Medical Center**

(607) 274-4411

**LGBTQ Resource Center**

(607) 274-7394

**Hammond Health Center**

(607) 274-3137

**Office of Health Promotion**

(607) 274-3136

**Campus Chaplains** (607) 274-1901

# NON-CONFIDENTIAL RESOURCES

*The information you provide the following resources is not confidential; they are mandated to share what you confide.*

**Office of Judicial Affairs**

(607) 274-3375

**Residential Life** (607) 274-3141

(RAs, AAs, RDs)

**Office of Public Safety**

(607) 274-3333

**Local Law Enforcement** (911)

**NY State Police** (585) 398-4100

**Professors, Faculty, and Staff**

# ACKNOWLEDGMENT FORM

Please check all that apply

\_\_\_\_\_ I would like a college trained process advisor from the Office of Judicial Affairs

\_\_\_\_\_ I will contact my own adviser of choice, \_\_\_\_\_

\_\_\_\_\_ I want to receive confidential counseling at CAPS

\_\_\_\_\_ I want to receive confidential support from the LGBTQ Center

\_\_\_\_\_ I want to receive confidential support from the Campus Chaplains

\_\_\_\_\_ I want to receive confidential medical services at Hammond Health Center

\_\_\_\_\_ I want to receive confidential support from the Center of Health Promotion

\_\_\_\_\_ I want to receive confidential medical services at Cayuga Medical Center

\_\_\_\_\_ I would like to be connected to academic advising

\_\_\_\_\_ I would like to receive living accommodations from Residential Life

Printed Name \_\_\_\_\_