



FORM 27B-6: STUDENT AUTHORIZATION TO SELF-TERMINATE

This form must be completed in its entirety by any graduate or undergraduate student wishing to end the biological process of his or her life. Postdoctorates and faculty members should not complete this form; instead, these individuals should complete alternate Form 27B-9.

I. STUDENT INFORMATION

(Family Name) _____ (Given Name) _____ (M.I.) _____

(MIT ID Number) _____ (Date of Birth) _____ (Religious Affiliation) _____ (Self-Assigned Stereotype) _____

Term Address:

(Street) _____ (City) _____ (State) _____ (Zip) _____

Permanent Address:

(Street) _____ (City) _____ (State) _____ (Zip) _____

Intended Date of Self-Termination:

Departmental Advisor/Seminar Instructor:

(Date) _____

(Name) _____

II. REQUIRED SIGNATURES

(1) I, the undersigned, testify that this student's admission to MIT was a mistake of my department.

(Marilee Jones, Dean of Admissions) _____ (Date) _____

(2) I, the undersigned, testify that this student's mental condition is incurable.

(Alan E. Siegel, Ed.D., MIT Mental Health Chief) _____ (Date) _____

(3) I, the undersigned, confirm that this student cannot complete his or her HASS concentration requirement.

(Bette Davis, HASS Office Director) _____ (Date) _____

(4) COMPLETE IF RESIDING IN AN FSILG: I, the undersigned, certify that this student has and will continue to be unable to "live Greek."

(David Rogers, Director of Fraternities, Silicone Implants and Lubricating Greases (FSILGs)) _____ (Date) _____

COMPLETE IF RESIDING IN A DORMITORY: We, the undersigned, as co-residents of the student, certify that this student's continued existence will be a burden on the social environment.

(Fellow dorm resident 1) _____ (Date) _____

(Fellow dorm resident 2) _____ (Date) _____

(Fellow dorm resident 3) _____ (Date) _____

III. DEMOGRAPHICS

(1) Sex

(a) If you have contracted a sexually transmitted disease (STD), give the name of the disease. _____

(b) If so, who gave it to you? _____

(c) List your favorite positions. _____

(d) Give the date of your last satisfactory sexual experience. If never, say so. _____

(2) Drugs

(a) Recreational drug use/abuse shortened your lifespan Yes / No

(b) Recreational drug use/abuse gave you a "reason to live." Yes / No

(c) If your answer to parts (a) XOR (b) was "Yes," list the drugs: _____

(3) NOTE THAT QUESTION 3, "ROCK AND ROLL," HAS BEEN REMOVED IN ACCORDANCE WITH THE MENTAL HEALTH TASK FORCE REPORT OF NOVEMBER 2001.

The MIT Department of Facilities certifies that the foot of the Green Building will be available for use by the student intending to self-terminate on the date indicated. No other form of self-termination will be permitted.

