Advisor Designation and Authorization

Complainants\(^1\) and Respondents\(^2\) are permitted to designate one individual to serve as an Advisor during the UO’s student conduct process. The Advisor may be any individual chosen by a Complainant or Respondent who has agreed to serve in that role.

In order to designate an Advisor, Complainants and Respondents must submit this form, and the form must also be signed by the Advisor to demonstrate their agreement to serve in that role. A Complainant or Respondent may change their Advisor during the process by submitting a new Advisor Designation Form.

Role of an Advisor

Once designated, an Advisor may:

- Accompany a Complainant or Respondent to any meeting or conversation related to an investigation including interviews with the investigator for the purpose of providing support, advice, and guidance;
- Ask reasonable questions related to procedure and scheduling;
- Be copied on case communications. Note that the investigator will make reasonable efforts to copy Advisors on communications, but it remains the responsibility of Complainant and Respondent to keep the Advisor informed about communications and other aspects of the process.
- Confer with Complainant or Respondent during reasonable brief recesses requested by Complainant or Respondent. Complainant or Respondent may be asked to answer any question(s) previously posed to them at the meeting before taking a recess.
- Participate in the Administrative Conference as set forth in the university’s Standard Operating Procedures for Discriminatory Misconduct Allegations.

An Advisor may not:

- Speak on behalf of Complainant or Respondent, including answering questions for or on behalf of Complainant or Respondent;
- Impede the student conduct process or at in a manner that obstructs the investigator or disrupts the investigation process;
- Disseminate by any medium or form any information shared or learned throughout the student conduct process with anyone other than the Complainant or Respondent for whom they act as the Advisor, the investigator, and other relevant UO administrators.

Advisors who act outside of their role or who impede or obstruct the student conduct process by engaging in unreasonable, disruptive, harassing or retaliatory behavior may be excluded from a meeting or conversation and Complainant or Respondent may be required to identify an alternative Advisor.

Complainant/Respondent FERPA Waiver and Acknowledgment

By my signature below, I give my voluntary consent for the University of Oregon and Office of Investigations and Civil Rights Compliance to release and disclose all student conduct records and information related to me to the individual designated as my Advisor and to orally discuss the same with the individual designated as my Advisor. I understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for, in legal statutes and judicial decisions. I also

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\(^1\) Individuals bringing forward allegations are referred to as Complainants.

\(^2\) Individuals responding to allegations are referred to as Respondents.
understand that I may revoke this consent at any time except to the extent that action has already been taken upon this release.

I acknowledge that I have read this form and agree to abide by the University’s expectations for Advisors.

I designate _________________________________________________ to serve as my Advisor in the University of Oregon’s student conduct process during the Adjudication Phase of the process.

Student Name ______________________________________________________

Student ID Number __________________________________________________

__________________________________________________________________

(Signature of Student)         (Date)

Advisor Acknowledgment

I agree to serve as the Advisor for the student listed above. I acknowledge that I have read this form and agree to abide by the University’s expectations for Advisors. I will participate in an informational meeting or other training if required by the University.

Advisor Name ______________________________________________________

__________________________________________________________________

(Signature of Advisor)         (Date)