**Advisor Designation and Authorization**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as my advisor in the student conduct process. I understand that I may change advisors during the process, and that to do so I must submit a new Advisor Designation form. I also acknowledge that only one advisor may be present during any particular meeting or proceeding that is part of this process.

* I have been advised that the Conduct Administrator may require my advisor to leave a meeting or proceeding, including the Administrative Conference if the advisor distracts, derails, impedes or disrupts any part of the meeting or proceeding. If the Administrator determines that my advisor has engaged in unreasonable, disruptive, harassing or retaliatory behavior, the Administrator may require me to proceed without an advisor or may require me to identify a new advisor.
* By my signature below, I give my voluntary consent for the University of Oregon and Office of Investigations and Civil Rights Compliance to disclose all Title IX Investigation records and information related to me to the individual designated as my advisor.
* I authorize University of Oregon officials to orally discuss information contained in my Title IX Investigation records with the individual designated as my advisor.
* I authorize University of Oregon officials to release all Title IX Investigation records and information related to me to my advisor upon his or her request.
* 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 understand that I may revoke this consent at any time except to the extent that action has already been taken upon this release.

I 🗆 do 🗆 do not (check one) request that the Administrator copy my advisor on communications. I understand that while the Administrator will make reasonable efforts to copy my advisor, it is my responsibility to make sure my advisor receives copies of communications and to keep my advisor informed about my case.

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(Signature of Student) (Date)