



MENTOR REQUEST FORM

Students may request permission for the assistance and support of a Mentor during the Title IX process. Mentors, once authorized by the Investigator/Resolution Officer, may accompany the student to any of the meetings/proceedings. Mentors are prohibited from participating directly in any of the meetings, including but not limited to direct interaction with Investigator/Resolution Officer, verbally or in writing, related to the matter. Please note, a student with a disability affecting communication may seek a reasonable accommodation to allow an advisor or interpreter to present on their behalf.

Students should not select a mentor with the actual or effective purpose of disrupting the process, causing emotional distress to parties involved or otherwise attempting to disrupt the process. Additionally, students are expected to ensure that their chosen Mentor is familiar with and compliant with all procedural requirements outlined in the University policies and procedures related to this process. Individuals who may serve as witnesses in this matter may not be a Mentor.

This request must be submitted at least 2 working days prior to the scheduled meeting

Name of Mentor: _____

Address: _____

Email Address: _____ Phone: _____

Limited Release of Information for Title IX Meetings/Proceedings

The Family Educational Rights and Privacy Acts (FERPA) allows students to give higher education administrators permission to release educational records and/or information including student conduct records.

By submitting this form, I am requesting permission to be accompanied by a Mentor during my participation in the University Title IX process. I have shared information about this process with my Mentor including information about the role of a Mentor. I further understand that if my Mentor does not adhere to the expectations of the mentor role, they may be removed from the meeting/proceeding. Additionally, I am requesting that:

- Copies of any related official communications (i.e. Notice of Factual Findings and/or Notice of Outcome) regarding this matter be sent to my Mentor.*

I recognize that a failure to select the above option will result in all official communications regarding this matter being issued only to myself.

Student Name: _____ ID #: _____

Student Signature: _____ Date: _____

*****For University Use*****

Received by: _____ Date: _____

Decision: Authorized Denied: _____