

# Western University of Health Sciences

## ADVISOR REQUEST FORM

Students may request permission for the assistance and support of an Advisor during the Title IX process, which includes the Investigation, and, if applicable, the Title IX Hearing. Advisors, once authorized, may accompany the student to any of the meetings/proceedings. Advisors are prohibited from participating directly in any of the meetings, with the exception of the portions of the Title IX Hearing in which they perform the cross-examination on behalf of the student. 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 an Advisor 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 Advisor 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 an Advisor.

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

Name of Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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### 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 an Advisor during my participation in the University Title IX process. I have shared information about this process with my Advisor including information about the role of an Advisor. I further understand that if my Advisor does not adhere to the expectations of the Advisor role, they may be removed from the meeting/proceeding. Additionally, I am requesting that:

*Copies of any related official communications (i.e. Report of Evidence, Investigatory Report, and/or Notice of Outcome) regarding this matter be sent to my Advisor.*

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: \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Decision:  Authorized  Denied: \_\_\_\_\_