

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
EQUAL OPPORTUNITY AND COMPLIANCE OFFICE  
137 E. FRANKLIN STREET, SUITE 404, CB 9160  
919-966-3576 PHONE  
711 (NC RELAY)**

**NOTICE OF ATTORNEY OR NON-ATTORNEY ADVOCATE REPRESENTATION**

In accordance with North Carolina General Statutes section 116-40.11, section 700.4.1.1[R] of The UNC Policy Manual, and University policies and procedures, any individual who submits a report of a violation under the University's Policy on Prohibited Discrimination, Harassment and Related Misconduct Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking (Policy) involving a student or student organization may be represented at their own expense by an attorney or non-attorney advocate of their choosing. This form must be submitted to the Equal Opportunity and Compliance Office (EOC Office) or the appropriate authority at least five (5) business days prior to the investigative, administrative, or adjudicative meeting or proceeding that the attorney or non-attorney advocate will attend. A record of this form will be maintained at the EOC Office.

Additionally, students and employees must complete and sign a release of information form providing consent for the disclosure of information and University records maintained by the EOC Office under applicable law. This form also must be submitted at least five (5) business days prior to the investigative, administrative, or adjudicative meeting or proceeding that the attorney or non-attorney advocate will attend.

**I. Attorney or Non-Attorney Advocate Information:**

Name of Individual Represented: \_\_\_\_\_  
Name of Attorney or Non-Attorney Advocate: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Licensed Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_  
Firm Name (if applicable): \_\_\_\_\_

**II. Certification:**

Prior to participating in any meeting or proceeding, the attorney or non-attorney advocate must initial each line applicable to the present matter and sign below, indicating that they have read, understood, and agree to comply with each of the following documents.

**For Matters Involving a Student or Student Organization as the Responding Party**

- \_\_\_\_\_ [Policy on Prohibited Discrimination, Harassment and Related Misconduct, Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking](#)
- \_\_\_\_\_ [Procedures for Reporting and Responding to Complaints of Discrimination, Harassment, and Related Misconduct Involving a Student as the Responding Party](#)
- \_\_\_\_\_ [Section 700.4.1.1\[R\] of The UNC Policy Manual, Regulation Application to Student Disciplinary or Conduct Procedures: Right to an Attorney or Non-Attorney Advocate for Students and Student Organizations](#)

**For Matters Involving a Student or Student Organization as the Reporting Party and a University Employee as the Responding Party**

- \_\_\_\_\_ [Policy on Prohibited Discrimination, Harassment and Related Misconduct, Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking](#)
- \_\_\_\_\_ [Procedures for Reporting and Responding to Complaints of Discrimination, Harassment, and Related Misconduct Involving a Student as a Reporting Party and a University Employee as a Responding Party](#)
- \_\_\_\_\_ [Student Grievance Policy and Procedures](#)
- \_\_\_\_\_ [Section 700.4.1.1\[R\] of The UNC Policy Manual, Regulation Application to Student Disciplinary or Conduct Procedures: Right to an Attorney or Non-Attorney Advocate for Students and Student Organizations](#)

By signing below, I acknowledge that I have read and understood the above-listed documents applicable to the present matter. I further understand that this is an administrative process and that neither the formal rules of civil procedure nor the rules of evidence apply.

\_\_\_\_\_  
Attorney or Non-Attorney Advocate's Signature

\_\_\_\_\_  
Date

As the participating individual seeking representation by an attorney or non-attorney advocate, I confirm that I have requested that the above-named individual act as my attorney or non-attorney advocate and I agree to inform the EOC Office, in writing, when the above-named individual no longer represents me as well as if I seek new representation.

\_\_\_\_\_  
Participating Individual's Signature

\_\_\_\_\_  
Date