**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**

**EQUAL OPPORTUNITY AND COMPLIANCE OFFICE**

**137 FRANKLIN STREET, SUITE 404. CB 9160**

**919-966-3576 PHONE, 919- 445-1580 FAX**

**711 (NC RELAY)**

**Notice of Attorney or Non-Attorney Representation**

In accordance with N.C.G.S. 116-40.11, students or student organizations accused of violations outlined in Section II.C of the Instrument of Student Judicial Governance may be represented, at their own expense, by a licensed attorney or non-attorney advocate of their own choosing. Any student or student organization that brings a complaint under the University’s Policy on Prohibited Discrimination, Harassment and Related Misconduct accusing a student or student organization of such a violation, as well as any student or student organization that is subject to such a complaint, that is represented by an attorney or non-attorney advocate during the Procedures for Reporting and Responding to Complaints of Discrimination or Harassment Involving any Individual as the Reporting Party and a Student as the Responding Party must submit this form to the EOC Office at least five (5) business days prior to the investigative interview or meeting in which the attorney or non-attorney advocate will attend.

Additionally, the complaining student or the accused student must also complete and sign a release of information form providing consent for the disclosure of University records maintained by the EOC Office under the Family Educational Rights and Privacy Act (FERPA). This form, attached, also must be submitted at least five (5) business days prior to the investigative interview or meeting in which the attorney or non-attorney advocate will attend.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Licensed Attorney: Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

**II. Certification**:

Prior to participating in the Procedures for Reporting and Responding to Complaints of Discrimination or Harassment Involving any Individual as the Reporting Party and a Student as the Responding Party, the attorney or non-attorney advocate must check each box and sign below, indicating that they have read, understood, and agreed to comply with each of the following documents.

\_\_\_ Policy on Prohibited Discrimination, Harassment and Related Misconduct, Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking.

\_\_\_ Information for Attorneys and Non-Attorney Advocates Participating in the Honor System Process, http://studentconduct.unc.edu/students/rights-responsibilites. The information in this document will apply to the complaints brought under the Procedures for Reporting and Responding to Complaints of Discrimination or Harassment Involving any Individual as the Reporting Party and a Student as the Responding Party.

By signing below, I acknowledge that I have read and understood the above-listed documents. 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

Form Created 1/21/14

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**CONSENT FOR RELEASE OF INFORMATION FROM STUDENT EDUCATION RECORDS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PID Number), hereby authorize The University of North Carolina at Chapel Hill to disclose any information and records related to the pending complaint brought pursuant to the Procedures for Reporting and Responding to Complaints of Discrimination or Harassment Involving any Individual as the Reporting Party and a Student as the Responding Party of the Policy on Prohibited Discrimination, Harassment and Related Misconduct Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking to the person(s) listed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of person(s) to receive information)

The purpose of this disclosure is to enable the above-named individual(s) to assist me with the proceedings in this complaint.

This Consent shall remain in effect until revoked. I may revoke this consent at any time, in writing. I understand that any revocation of this Consent has only prospective effect and that this Consent cannot be withdrawn retroactively. A copy of this Consent shall have the same force and effect as the original.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

Form Created 1/21/14