

UNC Charlotte Student Notice of Attorney or Non-Attorney Advocate Representation

Student or Student Organization Name: _____

Case #(s): _____ Date of scheduled hearing (if known): _____

In accordance with [NC General Statutes § 116-40.11](#), [UNC Board of Governors Policy 700.4.1](#), and the applicable University policy or procedure ([University Policy 504, Title IX Grievance Policy](#); [University Policy 502, Sexual Misconduct and Interpersonal Violence](#); and/or [University Policy 501, Nondiscrimination](#)), all Students or Student Organizations who are charged with a violation of student disciplinary policies and who plan to be represented by an attorney or non-attorney advocate during the resolution process must submit this form. **This form must be completed and submitted to the Assistant Vice Chancellor for Civil Rights and Title IX/Title IX Coordinator (civilrights-titleix@charlotte.edu) or designee at least 3 business days in advance of the scheduled meeting or hearing.** Failure to submit this completed form may result in the loss of the student's or Student Organization's right to participation of an attorney or non-attorney advocate in the resolution process.

I. Attorney or Non-Attorney Advocate Information

Name

Licensed Attorney, Bar # _____

Non-Attorney Advocate _____

Street Address

City, State, Zip

Phone Number

Email Address

II. FERPA Release (students only; Student Organizations are exempt from this requirement)

The student must initial beside each of the following elections and sign at the bottom of this form to provide valid consent under the [Family Educational Rights and Privacy Act \(FERPA\)](#).

_____ I authorize the release of my education records, specifically student records related to the charged policy violation(s), to the above-named attorney or advocate.

_____ This authorization will expire on: _____ (date).

_____ This authorization is for the purpose of communication about my student records related to the charged policy violation(s).

III. Certification by Attorney or Non-Attorney Advocate

The attorney or advocate named above must initial and sign below, acknowledging they have read in their entirety, understand, and agree to comply with each of the following documents, as applicable:

_____ [University Policy 504, Title IX Grievance Policy](#) (if applicable);

_____ [University Policy 502, Sexual Misconduct and Interpersonal Violence](#) and [Complaint Resolution Procedure for Student Respondents \(UP-502\)](#) (if applicable);

_____ [University Policy 501, Nondiscrimination](#) and [Complaint Resolution Procedure for Student Respondents \(UP-501\)](#) (if applicable);

_____ [University Policy 402, Student Records](#);

_____ [UNC Board of Governors Policy 700.4.1, Policy on Minimum Substantive and Procedural Standards for Student Disciplinary Proceedings](#);

_____ [UNC Board of Governors Regulation 700.4.1\[R\], Regulation Applicable to Student Disciplinary or Conduct Procedures: Right to an Attorney or Non-Attorney Advocate for Students and Student Organizations](#); and

_____ [The Code of The University of North Carolina, Section 502 D\(3\)](#).

Attorney or Non-Attorney Advocate Signature

By signing this form, I acknowledge that I have read, understand, and agree to comply with this form and the above listed documents. I acknowledge that I may fully participate in the process as described in the applicable policy or procedure. Additionally, I understand that I may not delay, disrupt, or otherwise interfere with process. I understand that failure to comply with University policies and procedures, including the documents cited above, may result in my removal from the process.

Attorney or Advocate Signature

Date

Student or Authorized Student Organization Representative Signature

By signing this form, I acknowledge and understand that I am giving permission to the above-named attorney or non-attorney advocate to fully represent me during the resolution process for the case(s) listed above. I also acknowledge that I have read the above listed documents and understand them.

Student/Student Organization Representative Signature

Student ID Number (800 #)

Date