

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT OF 1974 (FERPA) RELEASE OF INFORMATION



TITLE IX &
INCLUSION
CHANNEL
ISLANDS

Right to an Advisor

The Complainant and Respondent may choose to be accompanied by one Advisor of their choice, who may be, but is not required to be, an attorney or a union representative during meetings or any stage of the Complaint process.

1. The University will not limit the choice or presence of the Advisor for the Complainant or Respondent in any meeting or proceeding. However, the unavailability of a specific Advisor will not unreasonably delay scheduling.
2. A Party's Advisor may not answer questions regarding the subject matter of the investigation for the Complainant or the Respondent. However, the Advisor may observe and consult with the Complainant or Respondent.
3. The Parties also have the right to consult with an attorney, at their own expense, or a union representative at any stage of the process if they wish to do so.

I, _____, have read and understand the following:
(Involved Party's name)

- I hereby waive my privacy rights (pursuant to the Family Educational Rights and Privacy Act of 1974), and authorize the release and/or exchange of information and/or documents relative to the investigation that is pending with Title IX & Inclusion; the terms of this waiver are as follows:

◦ **Advisor's First and Last Name:** _____

◦ **Advisor's Email:** _____

◦ **Advisor's Phone Number:** _____

◦ **Scope of Information to be Shared with Advisor:**

- ☐ Copy on all e-mails with the Involved Party stated above
- ☐ Copy only on e-mails containing Notices and Updates
- ☐ Attend in-person & virtual meetings with the Involved Party
- ☐ Other, please specify the information to be shared: _____

- I understand that this authorization is valid for one year from the date executed or until I revoke this authorization.
- I understand that I have the right to revoke this authorization at any time and that I must do so via email. My signature below indicates that I have read and agree to all information on the role of an advisor.

Involved Party's Full Name: _____

CSUCI Email: _____

Preferred Phone: (_____)_____-_____ Text reminders about meetings ok? ☐ Yes ☐ No

Involved Party's Signature

Date