



Advisor Designation and Authorization

Student Name: _____

Date: _____

I hereby designate the following individual to serve as my advisor in the grievance process. I understand that I may change advisors during the process, and that to do so I must submit a new Advisor Designation form. I also acknowledge that only one advisor may be present during any particular meeting or proceeding that is part of this process.

Advisor Name: _____

Advisor Email: _____

Advisor Phone: _____

- I have been advised that my advisor may be required to leave a meeting or proceeding if the advisor distracts, impedes or disrupts any part of the meeting or proceeding. If a determination is made that my advisor has engaged in unreasonable, disruptive, harassing or retaliatory behavior, I may be required to proceed without an advisor or may be required identify a new advisor.
- By my signature below, I give my voluntary consent for the Richmond County School System to disclose all Title IX Investigation records and information related to me to the individual designated as my advisor.
- I authorize Richmond County School System officials and/or appointees to discuss information contained in my Title IX Investigation records with the individual designated as my advisor.
- I understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for, in legal statutes and judicial decisions, including the new Title IX Regulations. I also understand that I may revoke this consent at any time except to the extent that action has already been taken upon this release.

I ☐ do ☐ do not (check one) request that my advisor be copied on communications. I understand that while reasonable efforts to copy my advisor will be made, it is my responsibility to make sure my advisor receives copies of communications and to keep my advisor informed about my case.

(Signature of Student or Parent)

Complainant

Respondent