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Received by ______(name)

□in person □electronically □via mail on

(date) at (time).

ADVISOR FORM

Do not complete this form if an attorney will serve as your advisor. Please contact the Dean of Students Office for the "Notice of Legal Representation" form.

STUDENT INFORMATION							
Name: E-mail:		ID #:					
ADVISOR INFORMATION							
Name:		Relationship:					
E-mail:		Phone:					

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The 1974 Family Educational Rights and Privacy Act is a federal law (20 U.S.C. 1232g) that protects the privacy of a student's educational record. FERPA applies to all educational institutions receiving funds from the United States Department of Education, from kindergarten through university level. Under FERPA, the Dean of Students Office may not share the contents of a student's conduct file with anyone other than the student unless the student provides written consent to do so. Exceptions to FERPA include, but are not limited to, a health or safety emergency or an educational need to know.

ROLE OF THE ADVISOR

- 1. The Salisbury University Student Code of Community Standards affords students and student organizations involved in the University student accountability process the right to a hearing advisor of their choice.
- 2. The Advisor may be present with the student during any meetings with Student Accountability & Community Standards.
- 3. The Advisor can be anyone who wasn't directly involved in the incident.
- 4. The role of the Advisor is to provide emotional support before, during and after a hearing, as well as to provide assistance in understanding how the student accountability process will proceed.
- 5. All students and student organization representatives are expected to speak for themselves during the student conduct process, including any and all student conduct meetings and hearings.
- 6. An Advisor may not speak for students and student organizations. Additionally, at no time will the Advisor be permitted to address the board, or other parties in the hearing, directly.
- 7. Students and student organizations may consult with their Advisor, verbally or in writing, at any time during a conduct meeting or hearing. Such consultation must take place in a manner that does not disrupt the proceedings.
- 8. If an Advisor behaves in a manner that is determined to be disruptive by the Hearing Officer/Hearing Board Chair in consultation with the Committee Advisor, the Hearing Officer/Hearing Board Chair will issue the Advisor a verbal warning. If the Advisor continues to cause disruption, he/she will be removed from the hearing by the Hearing Officer/Hearing Board Chair/Committee Advisor. If an Advisor refuses to leave when asked, the hearing will be stopped, and the Salisbury University Police Department will be called to escort the Advisor off campus. Once the Advisor is removed, the hearing will continue.
- 9. For a complete review of the Salisbury University Student Accountability Process, please consult the Code of Community Standards at: http://www.salisbury.edu/studentconduct/code.html

STUDENT RESPONSIBILITIES AND CONSENT FOR DISCLOSURE Please release the following information to the individual(s) listed under the Advisor(s)' Information section of this form (select one): ☐ Contents of entire disciplinary file ☐ Contents of individual case(s) from incident(s) occurring on or about: ☐ Other: Please release the information specified above to the individual(s) listed under the Advisor Information section of this form in the following manner (select one): ☐ In-Person during student conduct meetings/hearings (with student present) ☐ Oral discussion (with or without student present) until: □ All of the above I understand that: 1. It is my responsibility to share information regarding the student conduct process and the role of the Advisor with my Advisor. 2. I am expected to speak on my own behalf at all student accountability proceedings. 3. If my Advisor does not adhere to his/her defined role, he/she may be removed from the hearing. 4. By signing this form, I am giving consent to the Office of the Dean of Students to release the information specified above to the individual(s) listed on this form in the manner specified above. 5. I may revoke this consent, in writing, at any time except to the extent that action has already been taken upon this release. 6. I will not be contacted after an inquiry is made or information is released to the individual(s) listed under the Advisor Information section of this form. By signing below, I acknowledge that I understand my responsibilities and voluntarily consent to having the Office of the Dean of Students disclose the information indicated above, in the manner indicated above, and to the individual(s) listed in the Advisor(s)' Information section of this form. Student Signature Date

By signing below, I acknowledge that I understand my role as an advisor and the terms of the student's

Date

consent for disclosure as set forth above.

Advisor Signature