Marshall University Student Notice of Attorney or Non-Attorney Advocate Representation And FERPA Release

Student or Student Organization Name:	Case #(s):	
In accordance with Marshall University Board of Governors Po 3, all Students or Student Organizations who are accused of Prohibited Conduct, who plan to be represented by an attorno completed and submitted to the at least 2 business days in adv authority. Failure to submit this completed form may result in of an attorney or non-attorney advocate in the Conduct Proce	f a Violation of the Student (ey or non-attorney advocate r rance of any scheduled meetin the loss of the Student's or Stu	Code of Conduct or otherwise engage in must submit this form. This form must be g or hearing to the appropriate University
Attorney or Non-Attorney Advocate Information	Licensed Attorney, Non-Attorney Advo	
Name	Phone Number	
Mailing Address	Email Address	
I. <u>FERPA Release (students only; Student Organiza</u>	ations are exempt from thi	s requirement)
The Student must initial beside each of the following election		
the Family Educational Rights and Privacy Act (FERPA). I authorize the release of my education rec	ords to the above-named atto	orney or advocate.
This authorization will expire upon the con-	clusion of this case, unless soc	oner revoked, in writing.
This authorization is for the purpose of con	·	
The attorney or advocate named above must initial and sign understands, and agrees to comply with each of the followin http://www.marshall.edu/board/board-of-governors-policies Marshall University Board of Governors Policies Domestic Misconduct, Stalking, and Retalia Marshall University Board of Governors Policies	g documents. Links to these d s/ licy, GA-1, Discrimination, Har ition	ocuments may be found at assment, Sexual &
Student Disciplinary Procedures, Administr	ative Procedure, Student-03	
Residence Hall Policies, including the Resid	ence Hall Guide (if applicable)	
Attorney or Non-Attorney Advocate Signature By signing this form, I acknowledge that I have read, under documents. I acknowledge that I may fully participate in the the Student or Student Organization I represent. Additionall with Student Disciplinary Procedures. I understand that failured documents cited above, may result in my removal from the Student Disciplinary Procedures.	Student Disciplinary Procedu y, I understand that I may no ure to comply with University	res, but only to the extent afforded to t delay, disrupt, or otherwise interfere policies and procedures, including the
Licensed Attorney or Non-Attorney Advocate Signature	Date	
Student or Authorized Student Organization Representative By signing this form, I acknowledge and understand that I a advocate to fully represent me during the Conduct Procedure above listed documents and understand them.	am giving permission to the a	
Student/Student Organization Representative Signature	MUID	 Date