

- Under University Policy and applicable law, students and employees are responsible for navigating and participating in all Office of Equity processes to which they may be a party or a witness.
- With some limitations, University Policy allows students and employees to involve a support person of their choosing. A support person may attend Office of Equity meetings, interviews, and hearings, in order to provide emotional support. A support person may attend, but cannot participate, in the hearing process. A support person will not get access to the parties Record evidence and may not also serve as a witness in the Office of Equity process.
- You may, at your discretion, grant the University permission to release information about your educational and/or employment records by marking the "information release authorization" boxes below.
- Further, you may, at your discretion designate your support person to accept and convey information. You may do so by completing this support person form. While such a support person can accept and convey information on your behalf, **a support person cannot provide direct evidence in lieu of your participation in an Office of Equity process or engage in other activities on your behalf that require your direct participation and/or personal presence.**
- You must submit your completed form to the Office of Equity or email it to titleix@usu.edu. Please note that your support person form has **no expiration date**; however, you may revoke the form at any time by completing this same form and returning it to the same office.

**INFORMATION**

Name: \_\_\_\_\_ A-Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SUPPORT PERSON INFORMATION**

Name: \_\_\_\_\_ Entity/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Party: \_\_\_\_\_

**INFORMATION RELEASE AUTHORIZATION (CHECK ALL THAT APPLY)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Office of Equity supportive measures information (including without limitation support requests and responses, relevant grades or related academic information, etc.) | <input type="checkbox"/> Information available to the Office of the Registrar (including without limitation grades, GPA, financial aid information, billing information, academic progress information, loan information, etc.) | <input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Office of Equity process information (including without limitation communications concerning meetings with the office, case status, deadlines, next steps, etc.)      | <input type="checkbox"/> Access to all records maintained by the Office of Equity and the Office of the Registrar, including all of the above examples  |   |

**CERTIFICATION SECTION**

I hereby **release** the information above to the designated support person.  I hereby **revoke** my previously issued authorization.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_