



202 Student Services Building | 1 Campus Drive | Allendale, MI | 49401
Phone: 616-331-3585 | Fax: 616-331-2755 | osccr@gvsu.edu

Student Records Agreement for Support Persons

3.2.10 Support Person

Students/UAO representatives may be accompanied by a support person of their choice. A support person's role is limited to providing advice to the student. The support person is not permitted to ask questions or make oral arguments on behalf of the student/UAO representative. If the support person is an attorney, the student/UAO representative must notify OSCCR of this in writing at least one (1) business day before the administrative conference and/or hearing.

My Role as a Support Person

<i>As a support person, I understand that I CAN...</i>	<i>As a support person, I understand that I CANNOT...</i>
<ul style="list-style-type: none">- Support and advise the student.- Help the student understand the resolution process and available options.- Assist the student in preparing for meetings, taking notes, framing questions, identifying witnesses, and gathering support materials.- Honor the educational approach of this conduct process.	<ul style="list-style-type: none">- Speak for the student.- Engage in direct communications with OSCCR staff without including the student.- Obtain information about a case without express written permission from the student.- Serve as both a witness and support person.- Make statements or question witnesses during the conduct process.

Support persons who are unable to honor the above expectations will not be permitted to serve as support persons for the remaining duration of the conduct process.

Confidentiality Acknowledgment: Support Person

I understand that the information provided to me by Grand Valley State University's Office of Student Conduct and Conflict Resolution is protected by the confidentiality provisions provided under the Family Educational Rights and Privacy Act (FERPA) and may not be made available to any other party without express, **written** consent of the student. I agree not to share the information provided with any other party without express, **written** consent of the student or as otherwise permitted by law. Signature of this document signifies my acknowledgment of these expectations.

Release of Information Authorization: Student

I hereby authorize Grand Valley State University to discuss my complete educational record in the presence of my support person for the purpose of the university conduct process. I understand this consent shall remain in effect until the university conduct process has concluded or until revoked by me, in writing, and delivered to Grand Valley State University's Office of Student Conduct and Conflict Resolution (whichever is sooner). However, any revocation shall not affect disclosures made by Grand Valley State University prior to the receipt of any such revocation.

Support Person Name:

Student Name:

OSCCR Staff Name:

Signature and Date:

Signature and Date:

Signature and Date: