

**RELEASE OF INFORMATION (FOR ADVISOR OR THIRD PARTY)**

*By filling out the below form, I am voluntarily giving my consent for the Office of Equal Opportunity to disclose my information to selected individuals.*

Name: \_\_\_\_\_  
Banner ID: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

**Formal Complaint: Formal Investigation**

I am requesting a language interpreter to assist me through this process and subsequent hearing.

I will obtain my own advisor to assist me through the hearing.

I will not have an advisor, and am requesting a UNM-appointed advisor to assist me through the hearing.

I have elected to be represented by counsel throughout the OEO investigation referenced above. The person I have chosen to represent me in this matter is:

Name of attorney: \_\_\_\_\_ Name of law firm: \_\_\_\_\_

Attorney signature:

*To be filled out by the above attorney:*

I will be representing the above-listed person in this matter dealing with OEO. From this point forward, I would prefer all correspondence relating to the above mentioned OEO case be sent to:  Attorney ONLY  Attorney AND Client  Client ONLY

Other: \_\_\_\_\_

If the client (UNM student/employee) initiates communication with the OEO directly:

OEO can respond to the client (UNM student/employee) directly without communicating with the attorney

OEO can respond to the client (UNM student/employee), but should copy the attorney on all communications.

OEO should contact the attorney prior to communicating with the client (UNM student/employee)

I prefer to be contacted via:  Email  Work Phone  Cell Phone

### Family Education 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 Office of Equal Opportunity may not share the contents of a Student Conduct File with anyone other than the student, unless the student provides prior written consent to do so. (*Exceptions to FERPA include a health or safety emergency, or a legitimate educational interest within the University.*)

I understand that student records are protected under FERPA. I further understand that I may waive that protection and give access to individuals of my choice. This release allows the above named individual to access my information from my student record maintained by the Office of Equal Opportunity. I understand that this authorization is confidential and will remain in effect for one year from the date below. I further understand that I may terminate this authorization at any time by submitting a written request to the Office of Equal Opportunity. Termination will not affect the authorization sent before it is received.

I understand that the materials provided to me by the Office of Equal Opportunity at the University of New Mexico are protected by the Federal Education Rights and Privacy Act. I agree not to share them with any person not authorized to review them. I agree that should I feel the necessity to disclose personal identifiable information about a student, I will contact the Office of Equal Opportunity which will make reasonable and timely efforts to obtain the consent of the student.

I also understand that should I disclose personally identifiable information contained in these materials, I assume whatever risk that may result from the disclosure. Such risk could include a lawsuit initiated by the student whose rights were violated.

<p><i>To be filled out by the person granting release of information.</i></p> <p><i>By signing below, I am voluntarily giving my consent to the Office of Equal Opportunity to disclose the information indicated above to the individual listed below.</i></p>
Student Name (print): _____
Address: _____
Phone/Email: _____
Signature: _____
Date: _____

## Information Release

I authorize the Office of Equal Opportunity to disclose information on file (described below) to:

Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Purpose of disclosure: \_\_\_\_\_

\_\_\_\_\_

The following information may be disclosed: \_\_\_\_\_

\_\_\_\_\_