

OEO Advisor of Choice/Support Person Authorization Form

The purpose of this form is for a complainant or respondent to select an advisor of choice/support person and request to include that advisor of choice/support person in formal complaint investigation communication, hearing panel adjudication process, and/or access to documentation.

Instructions

Upon completion, submit this form directly to the OEO via email (oeo@jmu.edu), or mail (Office of Equal Opportunity, 1017 Harrison Street, JMAC-2 Room A100 MSC 5802, Harrisonburg, VA 22807), or in person on weekdays during university hours of business operation.

- The OEO Office invites complainants and respondents who, for any reason, may not be able to complete this form, to contact the OEO at 540-568-6991 or oeo@jmu.edu for assistance.
- As a complainant or respondent, you may have an advisor of choice/support person present with you for any meetings and/or proceedings with the OEO Office.
- An advisor of choice/support person may be anyone you choose and may be but is not required to be an attorney.
- Your advisor of choice/support person may not speak for or communicate on your behalf.
- If they are invited to your meetings with OEO and potentially and hearing panel, OEO will ask them to abide by strict rules of confidentiality.
 - If confidentiality is broken the OEO would have the right to exclude your advisor of choice/support person from future participation regarding your case.
- You may retract this authorization at any time by contacting the OEO directly and may designate a new advisor of choice/support person by completing and submitting this form to the OEO.
- Upon receipt of this completed and signed form, the OEO will contact the person designated as advisor of choice/support person (you will be copied) asking the advisor of choice/support person to review the information and to acknowledge their understanding and agreement via email.

OEO Advisor of Choice/Support Person Authorization

I, *(write your full name here)* _____, am designating the person named below as my advisor of choice/support person and providing the OEO with the person's contact information so OEO may contact the named advisor of choice/support person to review information and so the advisor of choice/support person may acknowledge their understanding and agreement via email.

Advisor of Choice/Support Person Full Name: _____

Advisor of Choice/Support Person Email Address: _____

Advisor of Choice/Support Person Phone Number (including area code): _____

I am providing permission for the Office of Equal Opportunity to allow my advisor of choice/support person to have access based on what is outlined on the OEO website:

Here is the link to the role of the Advisor of Choice/Support Person:

https://www.jmu.edu/oeo/policies-and-laws/roles_support_persons.shtml

Signature

By signing my full name here, I certify that I have read and understand the instructions, am giving my full, voluntary permission for the OEO to communicate in the ways I have designated on this form with the advisor of choice/support person designated on this form, and at any time I may retract my permission by contacting the OEO in writing at oeo@jmu.edu.

Your Physical or Digital Signature: _____

Today's Date (include month, day, and year): _____

Your First and Last Name: _____