



# SOUTHWESTERN UNIVERSITY

## Request and Authorization for an Advisor

Person completing this form:

FULL NAME: \_\_\_\_\_ SU ID: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

By completing this form, I authorize Southwestern University to allow an advisor identified below to accompany me to meetings with university officials, to be copied on my communication with university officials and to accompany me to hearings. I authorize Southwestern to discuss information related to my educational record, including my student conduct record related to sexual misconduct allegations, investigation proceedings, pending investigation proceedings, determination of responsibility and sanctions imposed, only while I am present or involved in the communication:

Name of Advisor: \_\_\_\_\_

Relationship to Advisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is this Advisor an attorney: YES or NO

I understand that I can revoke this authorization in writing by emailing the Title IX Coordinator at [TitleIXCoordinator@southwestern.edu](mailto:TitleIXCoordinator@southwestern.edu). I also understand that the Advisor is subject to terms outlined in the [Title IX Policy](#) and [Student Sexual Misconduct Policy](#).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date