

**Advisor Designation Form**

Party Name: \_\_\_\_\_ Party Email: \_\_\_\_\_

I hereby designate \_\_\_\_\_ to serve as my Advisor during the Grievance Process. This individual may be present at meetings and proceedings during the process.

Advisor Email: \_\_\_\_\_ Advisor Phone Number: \_\_\_\_\_

I understand that I may change Advisors during the process and that to do so, I must submit a new Advisor Designation Form. I also acknowledge that only one Advisor may be present during any particular meeting or proceeding that is part of this process.

I give my voluntary consent for HCPS to disclose to my Advisor the evidence subject to inspection and review as part of this Grievance Process and the investigative report created during this Grievance Process.

I authorize HCPS officials to discuss information about the Grievance Process with the individual designated as my Advisor. I also authorize HCPS officials to release all Grievance Process records and information related to me to my Advisor upon request.

I authorize HCPS officials to copy my Advisor on communications with me regarding the Grievance Process.

I understand that I may revoke this consent at any time except to the extent that action has already been taken upon this release.

\_\_\_\_\_  
(Signature of Party)

\_\_\_\_\_  
(Date)

**To Be Completed by the Advisor:**

I acknowledge and understand the roles and expectations of serving as an Advisor for the above-listed Party.

Please indicate if you are a licensed attorney: Yes No

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

\_\_\_\_\_  
(Advisor Signature)

\_\_\_\_\_  
(Date)