LIMITED DISCLOSURE/NON-RETAILATION ACKNOWLEDGMENT
Sexual Misconduct Adjudication Process

In our effort to protect the rights of both the Reporting Party and the Responding Party, we have developed a checklist of points of information that the college is asked to provide to make sure that you understand the conditions for moving forward.

We ask that both the Reporting Party and Responding Party, Advisors, and witnesses sign this document to acknowledge that you have indeed received the relevant information.

In the matter of _________________________________________ AND ________________________________

REPORTING PARTY  RESPONDING PARTY

By my signature below, I ____________________________ acknowledge and agree as follows:

PRINT NAME

1. A copy of the sexual misconduct adjudication process has been made available to me for my review.

2. I understand that any information or written material made available to me as part of the disciplinary complaint filed under the Sexual Misconduct Policy - Adjudication Process should be treated as confidential to the fullest extent permitted by law (hereinafter referred to as “Confidential Information”). I agree to limit disclosure of such Confidential Information to anyone other than the Adjudication Panel, the Title IX Team, the Investigators, legal counsel, Advisor, confidential counselors, and others I deem necessary to assist me in the process or others who may have relevant information with respect to the underlying complaint. I agree not to harass, threaten, and/or otherwise inappropriately compel others in an effort to provide information with respect to the underlying complaint. I further acknowledge that the information, written materials, or statement that I am providing may constitute an education record as defined under FERPA. I understand that this information will be shared with the parties involved in the proceeding, College officials who are involved in the process, as well as Advisors, and I hereby consent to the release of this information to all these parties listed. I understand that nothing contained in this Limited Disclosure/Non-Retaliation Acknowledge restrict me or the other party from disclosing to others the final results of the disciplinary process.

3. I understand that any retaliation against me is strictly prohibited. I understand that anyone responsible for retaliation or threats of retaliation, whether it be the Responding Party or Reporting Party, someone affiliated with either the respondent or complainant (i.e. a friend or family member), or any other party, will be subject to disciplinary action by Union College. I further understand that retaliation by a person not affiliated with Union College may be addressed by the police. I agree that I will myself also refrain from any retaliatory conduct and will immediately report to the Title IX Coordinator any retaliatory conduct which I become aware of.

4. I understand that, in addition to the parties to this action, there may be witnesses who participate in the investigation under the Sexual Misconduct Policy Adjudication Process. I understand that witnesses should not be intimidated, threatened, or improperly influenced in any way regarding this disciplinary matter. I understand that any attempt to improperly influence the testimony of a witness may result in a separate disciplinary action.

5. I affirmatively state that any testimony or information I provide in the Sexual Misconduct Policy Adjudication Process will be truthful. I understand that the failure to provide truthful testimony or information may result in disciplinary action against me.
By my signature below, I acknowledge that I understand the contents of this document and I agree to abide by these terms.

**Reporting Party/Responding Party/Witness/Advisor**

Signature ____________________________________________

Print Name ____________________________________________

Date ____________________________________________

**Title IX Coordinator or Administrator**

Signature ____________________________________________

Print Name ____________________________________________

Date ____________________________________________

**Date received by Title IX Coordinator: ** ________________________________

October 2017