

Request for Outside Counsel Form

Unit Requesting Outside Counsel:

Contact Name:

Contact Phone:

Contact Email:

University File Name/Identifier:

Purpose of Request:

Billing/Fund Designation

Proposed Budget:

ORG/Fund:

Account:

Project:

Program:

Unit Bookkeeper:

Request Initiated by

Name:

Title:

Date:

Required Approvals

College Dean/Vice Chancellor:

Date:

Department Head:

Date:

For OGC Use Only

Request Approved By:

Date:

OGC Counsel Assigned:

Date: