

SBI LEGAL ASSISTANCE

STUDENT DEFENDER CONSULTATION FORM

Please print clearly and sign at the bottom of the form:

Name _____ Date _____

Student Number _____ Time _____

Student Type (circle one): Undergraduate | Law School | Dental | Medical | Graduate | Management | Pharmacy

Present Address _____

Telephone Number (____) _____ - _____ E-mail _____

Problem (be brief): _____

Does this involve a conflict with another UB student (circle one): YES / NO

Do your current disciplinary proceedings involve (circle all that apply): SWJ / Residence Halls / Outside Court

NOTICE: *As a service to students at the State University of New York at Buffalo, the attorneys retained by SBI Legal Assistance are admitted to practice law in New York State and are thereby qualified to give legal advice and opinion.*

I, the undersigned, understand that any information received from staff members or volunteers other than the attorneys of *SBI Legal Assistance* is not intended to be legal advice or opinion.

(please sign)

OFFICE USE ONLY

Defender: _____

Notes: _____
