

SBI LEGAL ASSISTANCE

ATTORNEY CONSULTATION FORM

**** Please print clearly and sign at the bottom of the form. ****

Name: _____ Date: _____

Person #: _____ Time: _____

School (*Circle One*): SA SBA Dental Med Polity GSA GMA MFC

Local Address: _____

Phone: (_____) _____ - _____ E-mail: _____

Reason for Consultation (*Please Be Brief*): _____

Does this involve a conflict with another UB student? (*Circle One*) YES NO

NOTICE: As a service to the 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 opinions.

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 opinions.

(Please Sign Above)

OFFICE USE ONLY

Attorney: _____

Problem(s) Discussed: _____

Advice Provided: _____

