

# SBI LEGAL ASSISTANCE

## STUDENT DEFENDER 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

Student Defender: \_\_\_\_\_

Problem(s) Discussed: \_\_\_\_\_

Advice Provided: \_\_\_\_\_

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