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| **REQUEST FOR OUTSIDE COUNSEL** | | | | |
|  | | | | |
| Date: Click or tap to enter a date. | | Campus: Click or tap here to enter text. | | |
| **AUTHORIZED REQUESTOR:** | | | | |
| Name: Click or tap here to enter text. | | | Email: Click or tap here to enter text. | |
| Dept: Click or tap here to enter text. | | | Telephone: Click or tap here to enter text. | |
| **PRIMARY CONTACT EMPLOYEE:** | | | | |
| Name: Click or tap here to enter text. | | | Email: Click or tap here to enter text. | |
| Dept: Click or tap here to enter text. | | | Telephone: Click or tap here to enter text. | |
| **REQUESTED LAW FIRM/ATTORNEY (OPTIONAL):** | | | | |
| Law Firm Name:  Click or tap here to enter text. | | | Attorney Name:  Click or tap here to enter text. | |
| **DESCRIPTION OF MATTER:** | | | | |
| Click or tap here to enter text. | | | | |
| **CAMPUS APPROVAL:** | | | | |
| Signature: | Click or tap here to enter text. | | | |
| Printed Name: | Click or tap here to enter text. | | | |
| Title: | Click or tap here to enter text. | | | |
| **OGC USE ONLY:** | | | | |
| OGC Approval: |  | | | Date: |
| Counsel Assigned: |  | | | Matter ID: |