**Request for Legal Counsel**

Office of Legal Affairs

1590 North High Street

500 Gateway Building C

Columbus, OH 43201-2247

614-292-0611 Phone

614-292-8699 Fax

http://www.legal.osu.edu/

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| --- | --- | --- |
| **Unit Requesting Legal Counsel** | | |
| **Contact Name** | **Contact Phone** | **Contact Email** |

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| **Purpose of Request** |

**WorkDay Cost Centers & Worktags to be Charged (you may add additional Worktags if needed)**

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| **OSU/ OSUP/ WMC (mark only one)** | **COST CENTER** | **LEDGER** | **FUND** | **BALANCING UNIT** | **AREA** | **ACTIVITIES** |
|  |  |  |  |  |  |  |

|  |  |  |
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| **Request Initiated By** | **Title** | **Date** |

**Required Approvals**

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**Director/Department Chair/AVP Signature Date**

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**Unit Fiscal Officer Signature Date**

*For Legal Affairs Internal Use Only*

Request Approved by: Date:

Counsel Assigned: Date:

Matter Number: