



Request for Legal Counsel

Please Return to:
Office of Legal Affairs
1590 North High Street Suite 500
Columbus, OH 43201
292-0611 Phone
292-8699 Fax

Unit Requesting Legal Counsel		
Contact Name	Contact Phone	Contact Email

Purpose of Request

Chartfield to be Charged

ORG	FUND	ACCOUNT	PROJECT	PROGRAM	USER DEF

Request Initiated By	Title	Date
-----------------------------	--------------	-------------

Required Approvals

Director/Department Chair/AVP Signature	Date
--	-------------

College Dean/Unit VP Signature	Date
---------------------------------------	-------------

For Office of Legal Affairs Use Only

Request Approved By	Date
----------------------------	-------------

Counsel Assigned	Date
-------------------------	-------------

File Number _____