

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT COMMUNICATION

LEGAL SERVICES REQUEST FORM

Date: _____

Requestor/Contact Name: _____

Campus and Department: _____

Phone No.: _____ Facsimile No.: _____

Email: _____

1. **Nature of Request**
Summarize your request and the nature of the University's involvement, (e.g. contract review, respond to a subpoena, request for legal opinion, etc.). Attach any relevant documents. *(Please use another sheet if you need more space.)*

2. **Date for Response**
Indicate the date by which a response is desired.

3. Do you wish for a written opinion or oral response?

All Requests must be approved by: Chancellor/Vice Chancellor/Vice President (circle one)

Type or Print Name of Approving Party: _____

Signature of Approving Party: _____

Please submit the completed form via mail/facsimile/hand delivery to:

Darolyn H. Lendio
Vice President for Legal Affairs
and University General Counsel
2444 Dole Street, Bachman 110
Honolulu, Hawai'i 96822
Facsimile No.: (808) 956-2109

This request is a confidential communication and should be treated as such. Indicate "**Confidential**" on the envelope and/or the facsimile cover sheet.