

**Privileged and Confidential
Attorney-Client Communication**

Legal Services Request Form (For UH System Requests)

Date: _____

Requestor/Contact Name: _____

UH System Office: _____

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?

Vice President must approve requests.

Type or Print Name of Approving Party: _____

Signature of Approving Party: _____ Date: _____

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

Carrie K. S. Okinaga
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.