

**SOUTHERN METHODIST UNIVERSITY
DEDMAN SCHOOL OF LAW**

Public Service Program
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Director
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(214) 768-2567 / FAX: (214) 768-4688

CONFIRMATION AGREEMENT

Student Name _____	Class of 20 _____
Address _____	
(Street)	(City, State)
Zip Code _____	
Telephone Number _____	E-mail _____
Date _____	SMU ID# _____

Sponsoring Organization _____ VITA 2024 _____

Address _____ SMU Dedman School of Law _____

Contact Person Lynn Moubry _____ Title Public Service Assistant Atty? (No)

Telephone Number(s) 214-768-2761 _____ Fax Number 214-768-4688 _____

Email _____ Lynn Moubry (Public Service): Lmoubry@smu.edu

Proposed Assignment Tax returns for low income _____

Estimated Total Hours of Work: 30 _____ (may be modified during course of placement)

STUDENT: *If your Supervisor is not the Contact Person, please list their name(s) and phone number(s) below.*

Name Laura Burstein, Director of Public Service _____ 214-768-2567 _____

I agree to perform all tasks in a professionally responsible manner. _____	Student Signature
I confirm that the above student will receive professional supervision. I acknowledge that the student has not been admitted to the Bar, and cannot represent or provide legal advice to the organization, program or its clients and that the organization will not rely on the student's work product in taking any action or forbearing from any actions that may subject the organization, program or its clients to legal liability. I understand that SMU Law School carries professional liability insurance, which covers student activity under the Public Service Program.	

Contact Person	