

**SOUTHERN METHODIST UNIVERSITY  
DEDMAN SCHOOL OF LAW**

Public Service Program  
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**CONFIRMATION AGREEMENT**

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

Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Atty? (Y/N) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Proposed Assignment \_\_\_\_\_

Estimated Total Hours of Work: \_\_\_\_\_ *(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 \_\_\_\_\_

I agree to perform all tasks in a professionally responsible manner. \_\_\_\_\_

Student

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