

**SOUTHERN METHODIST UNIVERSITY  
DEDMAN SCHOOL OF LAW**

Public Service Program  
Laura G. Burstein, Esq.  
Director  
E-mail: [LBurstein@smu.edu](mailto:LBurstein@smu.edu)

P.O. Box 750112  
Dallas, TX 75275-0112  
(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 2022 \_\_\_\_\_

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)

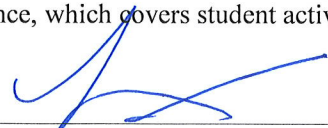
**STUDENT:** *If your Supervisor is not the Contact Person, please list their name(s) and phone number(s) below.*

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