

# Pro Bono Registration Form

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Year in School: 1L 2L 3L

List the name and address of the office, entity, law firm, or individual lawyer with whom you wish to perform the Pro Bono Requirement:

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

A general and brief description of my service is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Approved \_\_\_\_\_ Signature: \_\_\_\_\_

Not Approved \_\_\_\_\_ Date: \_\_\_\_\_