

NEW ENGLAND SCHOOL OF LAW
PUBLIC SERVICE VERIFICATION FORM

Student Information: Student Name _____ Year of Graduation: 20__

E-mail Address _____ Phone _____

Mailing Address: _____

Organization Information: Title of Organization _____

Contact Person at Organization _____

Contact's Phone _____ Contact's E-mail _____

Date(s) of Service: _____ Hours Worked: _____

Description of Work Performed: _____

Declaration of Appropriateness of Public Service Work for Recognition [check one]

___ The organization appears as an approved organization on the website of the New England School of Law's Center for Law and Social Responsibility

___ This work has been pre-approved by Professor _____ of the Center for Law and Social Responsibility

___ This project has not been pre-approved, and does not appear on the website, but I believe the work fits within the meaning of MA Rule of Professional Conduct 6.1 because (explain):

(continue on back if necessary)

Signatures

Contact Person/service Supervisor's Signature Confirming the Amount of Service:

_____ Date:

Student's Signature Verifying that all Information Submitted is Accurate:

_____ Date:

[submit form to Professor Engler in Clinic Office, 46 Church Street, first floor]

Last updated: 8/06