

Conflict of Interest Notification

Employment OR Volunteer of Student Extern

Employer Notification

This form is to confirm that _____ has disclosed to
Student's name

you his/her externship for the _____ semester with:

Name of firm organization where student will be externing

Supervising Attorney

Telephone number

We have prepared this notification to assist you in preventing conflicts of interest with your organization. If you have any questions regarding this, please feel free to contact our office at (303) 871-6415

By your signature, you are indicating your willingness to allow _____
Student's name
to participate in the above externship.

Name of firm or organization where student is working or volunteering

Supervisor's signature

Date

Return completed form to:
Fax: **303-871-6161**
Legal Externship Program
University of Denver College of Law
2255 E. Evans Ave. 365 L
Denver, CO 80208