

INTAKE AND CONSENT FORM

Full Legal Name: _____ Date: _____

Student ID #: _____ Date of Birth: _____

Primary telephone number: _____ Email address: _____

Mailing address: _____

Does your legal issue involve another University of Oklahoma student? _____

Does your legal issue involve a University of Oklahoma employee? _____

Reason(s) for your visit: _____

How did you hear about us?

- | | | |
|--|---|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> OU Staff | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Poster / Ad | <input type="checkbox"/> OU department: _____ |
| <input type="checkbox"/> OU Email | <input type="checkbox"/> Class Presentation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> OU Daily | <input type="checkbox"/> On-Campus event | |

How do you identify yourself? Please choose as many boxes from each line as necessary:

- 1.) ☐ Male ☐ Female ☐ Non-binary ☐ Other
- 2.) ☐ In-state ☐ Out-of-State ☐ International ☐ Health Science Center ☐ On-line student
- 3.) ☐ American Indian / Alaskan Native ☐ Asian / Pacific Islander / Desi-American
- ☐ Black or African-American ☐ White or Caucasian ☐ Latinx/a/o ☐ Middle Eastern
- ☐ Other: _____ ☐ I prefer to not disclose.

I, the undersigned, hereby affirm that I am a currently enrolled student at the University of Oklahoma. I understand that the legal services offered by the University of Oklahoma Student Legal Services program (SLS) are limited in nature. I understand that the attorney-client relationship created by my use of the SLS program is a short-term, non-continual, transactional relationship that does not include full-scale legal representation. Being fully aware of these limitations, I hereby consent to the limited scope of representation provided by SLS. I have been advised by SLS that I may need to seek further assistance of counsel. I have been informed that the SLS attorney is not paid for directly by me, but by the University of Oklahoma, a third-party payor. Being fully aware of this payment arrangement, and the other limitations addressed herein, I hereby provide my consent to such representation. **I understand that the Student Legal Services attorney cannot guarantee the confidentiality of emails sent or received on the university server.**

Student Signature