

**Conflict of Interest Notification**

**Employment OR Volunteer of Student Intern**

**Supervising Attorney Notification**

This form is to confirm that \_\_\_\_\_ has disclosed to  
*Student's name*

you his/her employment or volunteer work for the \_\_\_\_\_ semester with:

\_\_\_\_\_  
*Name of firm or organization*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*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 \_\_\_\_\_  
to participate in an externship with your agency or firm. *Student's name*

\_\_\_\_\_  
*Name of externship: firm, agency, or organization*

\_\_\_\_\_  
*Supervising Attorney'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