LAWYER IN THE CLASSROOM REQUEST FORM

DATE: _____

NAME OF TEACHER: _____

NAME OF SCHOOL: _____

ADDRESS:_____

_____

_____

E-MAIL ADDRESS:_____

TELEPHONE: _____

AREA OF LAW TO BE COVERED:_____

_____

DATE REQUESTED: _____

_____

TIME CLASS MEETS: _____

_____

GRADE LEVEL: _____

COMMENTS: _____

_____

_____

_____

_____

LYC

Law, Youth and Citizenship