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| **[Name of client]**  **[Address of client]** | **XX Law School Clinic**  **Email:**  **Telephone:** |

**Director of Clinical Programmes:**

**Telephone:**

**Fax: (**

**E-mail:**

**Date:**

**File reference:**

I **[insert client’s name]**, acknowledge the return of the original documents listed below:

**[Record a numbered and detailed description of each document]**

**Signed:** *[this is for the client to complete – delete before posting]*

**Print Name:** *[this is for the client to complete – delete before posting]*

**Date:** *[this is for the client to complete – delete before posting]*