



Office of Career Planning  
University of San Francisco School of Law  
2130 Fulton Street  
San Francisco, CA 94117  
TEL 415 422-6757  
FAX 415 422-6710  
EMAIL lawcareer@usfca.edu

## RECIPROCITY REQUEST FORM

Today's Date: \_\_\_\_\_

The Office of Career Planning will request reciprocity from other ABA law schools for our alumni and second or third year law students as permitted. Generally, reciprocal services include use of a school's career services office, access to job postings, resource lists, and general information.

It is important to remember that **reciprocity is a privilege, not a right**. No school is required to extend reciprocal services to students or alumni from another school. Most law schools, including USF, either offer reciprocity on a limited basis (a "one for one" exchange) or may only grant privileges to students or alumni from specific schools. Thus, reciprocity requests are frequently denied. Due to the high demand for reciprocal services and the imposed restrictions we will only allow one approved request, per student or alum, for any given geographic area.

All reciprocity requests must originate from the USF School of Law Office of Career Planning and be formally submitted to the preferred school at least one week prior to the intended visit. In addition, virtually no law school will entertain reciprocity requests during the Fall Recruiting Season. While exact dates vary by school, the moratorium on reciprocity usually runs sometime from August 1 - December 1.

If you are granted reciprocal privileges, you must read the host school's reciprocity policy carefully and abide by their guidelines. **Be courteous and remember that you are a guest!** You represent not only yourself, but also the University of San Francisco School of Law, and your positive attitude and professional demeanor will ensure our ongoing relationship with other career services professionals.

Please provide the following information and we will process your request within three working days. A copy of the request will be sent to you. The requested school will then notify you directly when they grant or deny reciprocal privileges. If your request is denied, we will assist you in locating another school. If you need help in determining which school is best suited to your needs, feel free to consult with us.

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Class Year

\_\_\_\_\_

Current Address (include City/State/Zip)

_____	_____
Phone #	Email

_____	_____
Date(s) Reciprocity is preferred	Requested City and State

\_\_\_\_\_

Preferred Law Schools (provide three choices)

### **FOR OCP USE ONLY**

Staff Approval: \_\_\_\_\_

Date: \_\_\_\_\_ Request Sent by: \_\_\_\_\_ Mail \_\_\_\_\_ Fax/Mail \_\_\_\_\_ Email

Date: \_\_\_\_\_ Response Rec'd: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Date: \_\_\_\_\_ 2<sup>nd</sup> Request Sent by: \_\_\_\_\_ Mail \_\_\_\_\_ Fax/Mail \_\_\_\_\_ Email

Date: \_\_\_\_\_ 2<sup>nd</sup> Response Rec'd: \_\_\_\_\_ Approved \_\_\_\_\_ Denied