REQUEST FOR REPRESENTATION BY THE ATTORNEY GENERAL'S OFFICE

(a)	Job Title:
(b)	Department:
Issue	e / Grievable Event:
	e, Address and Telephone Number of Grievant's/Plaintiff's/Complainant's Attorr esentative:
Nam	e of Institution:
	Name of Contact:
(a)	
(a) (b)	Telephone Number of Contact:

Representation Requested By

Date

Please return form to the HEPC Legal Division:

Joseph.Jenkins@wvhepc.edu (General Counsel) and Victoria.Timbers@wvhepc.edu (Legal Division Office Administrator)