

MEMORANDUM OF CONFIRMATION

I, _____, being the designated liaison representative of the
Name
Student Internship Program from the College/University of _____,
for (name of student) _____, do confirm his/her
appointment as a Student Intern with the U.S. Probation Office for the Southern District of Illinois,
and understand the requirements and responsibilities that all participants in this program have, as
contained in the Student Internship Manual, and agree to said terms and conditions.

Signed: _____

Signed: _____

Name and Title

Witness/Name and Title

Date: _____

Date: _____