

Certification to State Bar



Last: First: Middle:

Contact Information

Address Apt.
City/State/Zip Country:
Email ID (DO NOT INCLUDE SSN)
Graduation Month and Year Class Year (Current Students Only)

I hereby request the Office of Academic Services to prepare the following documents for:

BAR EXAM STATE **DATE**

(Please check only the box or boxes which applies to the state)

- my enrollment dates and expected date of graduation
- my class rank
- my LSAT score
- my official law school transcript
- copy of my law school application
- copy of my personal statement
- copy of my resmue (only if submitted at the time of applciaton)

Signature Telephone

Please provide the COMPLETE name and address of the Board of Bar Examiners to whom we should send the doucments as identified above:

OFFICIAL USE

Documents to be mailed before and after graduation:

Date Request Taken by