

ATLANTA'S JOHN MARSHALL LAW SCHOOL

BAR CERTIFICATION REQUEST FORM

NAME: _____

Note: Please print your full name. If you have used any other names, please list below:

OTHER NAME(S): _____

MAILING ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____
MOBILE PHONE: _____ E-MAIL: _____
JMLS EMAIL: _____

ANTICIPATED DEGREE DATE:

MAY 20__ DECEMBER 20__

List the first bar examination you plan to take and the month and year it is given. If you plan to take more than one examination list all.

STATE

DATE ADMINISTERED

I authorize Atlanta's John Marshall Law School to release any information required by the appropriate Board of Bar Examiners or Board of Bar Overseers for permission to take the bar examination and to be admitted to the bar of any state or jurisdiction that I am applying for admission. This includes, but is not limited to, any information contained in my file and my official transcript, my current permanent address, and my telephone number.

Signature

Date