

SAVANNAH 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:** _____

SLS 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 Savannah 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