

Request to Process Bar Certification

Attach this form to your bar certification materials. Completed bar certifications will be sent via postal mail directly to the jurisdiction. Include complete postal address below.

Date: _____ Name: _____

ID#, DOB, or last four digits of SSN _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Dates of attendance: _____ to _____

Bar jurisdiction _____

Deadline for submission of materials _____

Bar jurisdiction postal address where certification materials should be sent:

Signature (required): _____

Electronic signatures can be accepted only if form is sent through the Mitchell Hamline email system

**Please return your completed form to the Registrar's Office
registrar@mitchellhamline.edu
or Room 120**

Office use only

Date received: _____ Date sent: _____ Completed by: _____