

STATEMENT BY AUTHORIZED REPRESENTATIVES OF BAR REVIEW COURSE

I have received a copy of these policies. I represent that I am an authorized agent of the bar review company named below and agree that I will comply with the rules stated herein. I understand that my failure to comply with the “Bar Review Company Policy” will result in termination of my privilege to conduct programming or promote bar company materials on at the Law School.

Semester: _____

Date: _____

Bar Review Company Name: _____

Bar Review Corporate Representative

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: _____

Bar Review Student Representative

Name: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: _____