## **DEAN CERTIFICATION FORM**

**TO THE APPLICANT:** The original of this form should be mailed to the Dean of your law school or other authorized official for completion. Type your name in the space provided below and sign the authorization to release law school records. Proof of receipt of law degree must be received in this office **PRIOR** to the application deadline date. Faxes, completed forms and/or Official Transcripts received from Applicants will not be accepted.

| Authorization To Release Law School Records  I,hereby authorize(Name of Law School)   |   |
|---|---|
|   |   |
| to release to the Virgin Islands Committee of Bar Examir  | ners, a copy of my final transcript and any other information |
| in my law school record relevant to my application for adm  | ission to the Virgin Islands Bar.                             |
| (Applicant's Signature)   | (Notary Public)   |
| SSN:  | Subscribed and Sworn before me this                           |
|   | day of,   |
|   | My Commission expires:  |
| the Virgin Islands, P.O. Box 590, St. Thomas, VI 00804. must be attached to this form. Faxed or photocopy forms v  Name of Student and S                                    | vill not be accepted.  Social Security Number                 |
| I,, here  | by certify that I am the                                      |
| (Name of Official)  | (Position Title)  |
| of; that (Name of Law School)   |   |
| (Name of Law School)  | (Student's Name)  |
| entered the law school on(Date)   | , and that the degree of Juris Doctorate was conferred        |
| on(Date)  | . Said law school was accredited by the American Bar          |
| , ,   |   |
| Association on(Date)  |   |
| Applicant's records [ ]do [ ]do not reflect any matter character and/or fitness to practice law. I have attached explanation of such matters: (Attach additional pages as n | d any relevant documents and/or provided below written        |
|   |   |
|   |   |
| Date: (Seal)  |   |
|   | (Signature)   |