## **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.

| Autho  | orization To Releas                       | e Law School Records  |
|--|---|---|
| I,(Applicant's Full Name)  | hereby autho                              | rize(Name of Law School)  |
| , , ,  |   | ,   |
| to release to the Virgin Islands Com                                     | mittee of Bar Examin                      | ers, a copy of my final transcript and any other information  |
| in my law school record relevant to m                                    | ny application for admi                   | ssion to the Virgin Islands Bar.  |
| (Applicant's Signature)  |   | (Notary Public)   |
| SSN:   |   | Subscribed and Sworn before me this   |
| OSIN.  |   | day of,,  |
|  |   | My Commission expires:  |
| the Virgin Islands, P.O. Box 590, S must be attached to this form. Faxed | t. Thomas, VI 00804. or photocopy forms w | lirectly to Office of Bar Admissions, Supreme Court of An official final transcript bearing the school's official seal rill not be accepted.  Ocial Security Number |
| 1  | horok                                     | ov cortify that I am the  |
| (Name of Official)   | , nerec                                   | by certify that I am the(Position Title)  |
| of   | : that                                    |   |
| (Name of Law School)   |   | (Student's Name)  |
| entered the law school on(Date   | e)  | , and that the degree of Juris Doctorate was conferred  |
| on(Date  | a)  | Said law school was accredited by the American Bar  |
| Association on(Date  | e)  |   |
|  | law. I have attached                      | s which may adversely affect the applicant's good moral any relevant documents and/or provided below written ecessary.)   |
|  |   |   |
|  |   |   |
| Date:  | (Seal)                                    | (Signature)   |
|  |   | (-3   |