

**APPLICATION FOR ADMISSION TO PRACTICE  
AS AN ATTORNEY AND COUNSELOR-AT-LAW IN THE  
STATE OF NEW YORK**

**FORM LAW SCHOOL CERTIFICATE**

**INSTRUCTIONS**

**Applicant must complete the first portion of this form certificate, sign the form and send it to each law school listed by the applicant on his or her application for admission questionnaire (see question number 11).**

**The law school should complete the remainder of the form and return it directly to the Appellate Division Department designated below by the applicant.**

**Completion and submission of this form is a prerequisite to applicant's admission to the New York State Bar.**

**To Be Completed By Applicant:**

**NAME OF APPLICANT** ▼

**BOLE ID #** ▼ (NYS Board of Law Examiners Identification Number):

<input type="text"/>									
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CURRENT STREET ADDRESS (*office or home*) ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (*if not USA*) ▼

PHONE ▼

E-MAIL (*if available*) ▼

**SOCIAL SECURITY NUMBER** ▼

**NAME OF LAW SCHOOL** ▼

ADDRESS OF LAW SCHOOL ▼

STATE ▼

ZIP ▼

COUNTRY (*if not USA*) ▼

**To Be Completed By Law School Only:**

**DATES OF ATTENDANCE** at law school: From (mm / yyyy): \_\_\_\_\_ / \_\_\_\_\_ To (mm / yyyy): \_\_\_\_\_ / \_\_\_\_\_

**DATE GRADUATED** from law school: (mm / yyyy): \_\_\_\_\_ / \_\_\_\_\_

**DEGREE CONFERRED** by law school: \_\_\_\_\_

**AUTHORIZATION BY APPLICANT:** I (*name of applicant*), \_\_\_\_\_, hereby

authorize (*name of law school*) \_\_\_\_\_ and persons issuing this certificate to release to the Appellate Division of the New York State Supreme Court all information, files or records requested by it or its Committees on Character and Fitness in connection with the processing of my application for admission to the Bar of the State of New York.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date mm/dd/yyyy)

**Designation Of Appellate Division Department To Which Law School Should Mail Completed Form:** (applicant must check one of the following):

**FIRST JUDICIAL DEPARTMENT:** . . . . . Appellate Division, First Department  
Committee on Character and Fitness  
41 Madison Avenue, 26th Floor  
New York, NY 10010  
Telephone: (646) 386-5893

**SECOND JUDICIAL DEPARTMENT:** . . . . . Appellate Division, Second Department  
Committees on Character and Fitness  
335 Adams Street, Room 2404  
Brooklyn, NY 11201  
Telephone: (718) 923-6360

**THIRD JUDICIAL DEPARTMENT:** . . . . . Appellate Division, Third Department  
Attorney Admissions  
P.O. Box 7350, Capitol Station  
Albany, New York 12224-0350

***Express mail address:***

Appellate Division, Third Department  
Attorney Admissions  
Robert Abrams Building for Law and Justice  
State Street, Room 511  
Albany, New York 12223  
Telephone: (518) 471-4778.

**FOURTH JUDICIAL DEPARTMENT:** . . . . . Appellate Division, Fourth Department  
Attorney Admissions  
M. Dolores Denman Courthouse  
50 East Avenue, Suite 200  
Rochester, NY 14604  
Telephone: (585) 530-3100

**To Be Completed By Law School:**

Please confirm whether or not the law school **information provided by applicant above is accurate:**

**Yes**    **No**   If **No**, please explain:

**Was applicant charged with any misconduct**, or disciplined, suspended, or dropped for any misconduct?

**Yes**    **No**   If **Yes**, please state fully:

**Is there any other discreditable information** in the personnel or other records of the law school regarding the applicant's conduct or activities or bearing upon applicant's character not otherwise set forth in this form certificate?

**Yes**    **No**   If **Yes**, please state fully:

If applicant filed a questionnaire or written application containing data about himself or herself, please supply a copy thereof, if available.

OFFICIAL SEAL OF LAW SCHOOL:

Dated \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

**IF FORM IS NOT IN ENGLISH, IT MUST BE ACCOMPANIED BY A DULY AUTHENTICATED ENGLISH TRANSLATION.**