



# Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

## New York State Supreme Court Appellate Division

### 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 the application for admission questionnaire (see question number 10).

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) _____ |  |
| Current Street Address (Office or Home) _____ |              | <b>B</b> _____   |  |
|   |              | City/Town/Village  |  |
| State _____                                   | ZIP _____    | Country (if not USA) _____   |  |
| Telephone _____                               | E-mail _____ |  |  |
| Social Security Number _____                  |              |  |  |
| Name of School _____                          |              |  |  |
| Address of School _____                       |              | City/Town/Village _____  |  |
| State _____                                   | ZIP _____    | Country (if not USA) _____   |  |
| _____   |              |  |  |

#### TO BE COMPLETED BY SCHOOL ONLY:

|  |                                  |
|--|----------------------------------|
| Dates of Attendance at Law School From (mm/yyyy) _____ | To (mm/yyyy) _____               |
| Date Graduated from Law School (mm/yyyy) _____         | Degree Conferred by School _____ |
| _____  |                                  |

#### AUTHORIZATION BY APPLICANT

I (name of applicant), \_\_\_\_\_, hereby authorize (name of 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 \_\_\_\_\_

Dated (mm/dd/yyyy) \_\_\_\_\_

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**Designation of Appellate Division Department to Which School Should Mail Completed Form:**

Applicant must check one of the following:

**First Judicial Department**

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

**Second Judicial Department**

Committees on Character and Fitness, Appellate Division, Second Department  
335 Adams Street, Room 2404, Brooklyn, New York 11201  
Telephone: (718) 923-6360

**Third Judicial Department**

Attorney Admissions, Appellate Division, Third Department  
P.O. Box 7350, Capitol Station, Albany, New York 12224  
Telephone: (518) 471-4778

Express Mail Address:

Appellate Division, Third Department Attorney Admissions  
Robert Abrams Building for Law and Justice  
State Street, Room 511, Albany, New York 12223

**Fourth Judicial Department**

Attorney Admissions, Appellate Division, Fourth Department  
M. Dolores Denman Courthouse, 50 East Avenue, Suite 200, Rochester, New York 14604  
Telephone: (585) 530-3100

**TO BE COMPLETED BY SCHOOL ONLY:**

Please confirm whether or not the 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 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 personal data, please supply a copy thereof, if available.

**Official Seal of School**

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

Title of Official \_\_\_\_\_

Dated (mm/dd/yyyy) \_\_\_\_\_

**IF THIS CERTIFICATE IS NOT IN ENGLISH, IT MUST BE ACCOMPANIED BY AN ENGLISH TRANSLATION THAT IS EITHER DULY AUTHENTICATED OR INCLUDES A STATEMENT BY THE TRANSLATOR SETTING FORTH THE TRANSLATOR'S QUALIFICATIONS AND CERTIFYING THAT THE TRANSLATION IS ACCURATE.**