## Board of Law Examiners Appointed by the Supreme Court of Texas CERTIFICATION OF JURIS DOCTORATE DEGREE

APPLICANT: Complete this portion of the form before submitting to your law school registrar or dean.	
Applicant:	SOCIAL SECURITY NO.*: (Last 4 Digits Only)
BIRTH DATE:	
LAW SCHOOL:	DATES ATTENDED:
I hereby consent to the release, to the Texas Board of Law Examiners, of the information requested in this form.	
SIGNATURE:	DATE SIGNED:
* The provision of your SSN is voluntary, pursuant to Sec. 7, Privacy Act of 1974. If this data is provided, the Board will use it in its investigation and verification, to avoid errors of identity that might introduce problems and delays into the certification and licensure process. The Board appreciates your furnishing this information on a voluntary basis.	
DEAN OR REGISTRAR: Complete this portion of the form and return it to the Board.   ABA-Approved Law School: Yes No Date Approved:	
I certify that this applicant has:	
completed all requirements for a J.D., awarde	d on ( <i>MM/DD/YY</i> );
of the	hours required for graduation with a J.D. degree;
is enrolled in a <b>joint degree program</b> and has completed of the hours required for graduation with a J.D. degree.	

Do not return this form until the applicant has been awarded the J.D. degree OR is within 4 semester hours (or the equivalent in quarter hours) of the J.D. degree award.

## Please submit the fully completed form through email to information@ble.texas.gov

SIGNATURE OF DEAN OR REGISTRAR

PRINTED NAME OF DEAN OR REGISTRAR

(LAW SCHOOL SEAL)

DATE SIGNED

**TELEPHONE NUMBER** 

**E-MAIL ADDRESS**