

**MARQUETTE UNIVERSITY LAW SCHOOL**  
**CERTIFICATE OF GRADUATION WITH AUTHORIZATION**

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NAME: \_\_\_\_\_

(Please type or print)

(Surname at time of graduation if different: \_\_\_\_\_)

YEAR OF GRADUATION: \_\_\_\_\_

I am applying for admission to the State Bar of \_\_\_\_\_.

- ☐ Please send a Certificate of Graduation to:  
(Please indicate whether it should be sent to you, or to the Board of Bar/Law Examiners,  
and the appropriate address.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I also authorize Marquette University Law School to supply any requested Character and  
Fitness information to said Board of Bar/Law Examiners on my behalf.

\_\_\_\_\_  
Signature Required (*electronic signature not accepted*)

\_\_\_\_\_  
Date

Please return the completed form to the Student Affairs Office, Eckstein Hall, Room 238; via fax  
(414.288.6403); or via PDF ([stephanie.danz@marquette.edu](mailto:stephanie.danz@marquette.edu)).

Please allow one (1) business day for processing.

\_\_\_\_\_  
*Office Use Only*

*Date Processed* \_\_\_\_\_

*Initials* \_\_\_\_\_