

FORM TO REQUEST CERTIFIED OR NON-CERTIFIED COPY OF ADMISSIONS APPLICATION

Option 1

Option 2

For individuals seeking a copy of their admission application, certified or not-certified. Complete this form to request a copy of your admissions application. Requests for copies of admissions applications are accepted from the applicant only. Copies are \$35 each; allow 7 to 10 business days for processing.

- ASD/ADMISSIONS USE ONLY -					
Notes:					
Rec'd Date:					
Staff:					
Applicant Number:					
Box Number:					

PART A: CONTA							
Be sure to include a cu	rrent email addres	ss and phone number.					
Name:				Request Date:			
Name Used on Application:				Date of Birth:			
Address:				Last 4 Digits of SSN:			
				NE License # (if applicable):			
				Application Date (mon/yr):			
				Application Type:	Exam		
	City	State	ZIP		Motion		
Email:				Copy Type:	Certified		
Phone:					Not Certified		
		HE APPLICATION COnt. Do not type in "same a		ne complete mailing address even if it a ı	repeat of the address		
Name:							
Company or Org.:							
Address:							
	City	State	ZIP				
	•			.			
Email:				Phone:			
Dort C. DAVMEN	IT ODTIONS						
Part C: PAYMENT OPTIONS Copies are \$35 each; indicate how you will pay the fee.							
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Return your completed form to NSC Attorney Services Division Attn: Admissions, PO BOX 98910, Lincoln, NE 68509-8910 Phone: 402-471-2834; Email: nsc.attyadmissions@nejudicial.gov

Pay by phone. Email the completed request form to nsc.attyadmissions@nejudicial.gov and provide a phone number for the ASD Help Desk to call to take the payment over the phone. Credit cards and payment by check accepted. Calls are generally made the same day the

Include a check payment mailed in with this form.

request is received. Phone number:

Make out checks to the Nebraska State Bar Commission.