

## REQUEST CERTIFIED OR NON-CERTIFIED COPY OF ADMISSIONS APPLICATION

*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 \$20 each; allow 7 to 10 business days for processing.

- ASD/ADMISSIONS USE ONLY -

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rec'd Date: \_\_\_\_\_  
 Staff: \_\_\_\_\_  
 Applicant Number: \_\_\_\_\_

**PART A: CONTACT INFORMATION**  
 Be sure to include a current email address 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): _____
City State ZIP	Application Type: Exam Motion
Email: _____	Copy Type: Certified Not Certified
Phone: _____	

**Part B: WHERE TO SEND THE APPLICATION COPY**  
 Indicate where your copy is to be sent. Please do not type "same as above"; provide the complete mailing address even if it a repeat of the address above.

Name: \_\_\_\_\_

Company or Org.: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State ZIP

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part C: PAYMENT**  
 Copies are \$20 each - please include a check payment mailed with this form. Checks should be made payable to the Nebraska State Bar Commission.

Return your completed form to NSC Attorney Services Division Attn: Nebraska State Bar Commission,  
 3806 Normal Blvd, Lincoln, NE 68506; HELP DESK: 402.471.3092; fax: 402.471.2512;  
 email: [nsc.attyadmissions@nebraska.gov](mailto:nsc.attyadmissions@nebraska.gov)