

AUTHORITY TO SIT FOR MISSISSIPPI STATE LAW EXAMINATION

SCHOOL NAME:						SUBMITTED BY:							
SCHOOL ADDRESS:						TITLE:							
ELIGIBILITY DATE:						DATE SUBMITTED:							
STUDENT	STUDENT	STUDENT	LAST FOUR (4)	CLASS	EXAM	# OF TIMES	<u>APPLICATION ATTACHED</u>			<u>FEE ATTACHED</u>			
LAST	FIRST	MIDDLE	DIGITS OF SOCIAL	NUMBER	GRADE	EXAM HAS	YES	NO, being	No, being	YES	NO, being	No, being	
NAME	NAME	NAME	SECURITY NUMBER			BEEN TAKEN		mailed by	mailed by		mailed by	mailed by	
								student	school		student	school	
EXAMINATION DATE:													
EX.05 AUTHORITY TO SIT, Revised 12/1/2014													