



GENERAL INFORMATION FORM

Use this form:

- 1. If you have a question for the Board.**
- 2. If you want to update original application.**
- 3. If you want to advise the Board regarding matters not inquired about on your application.**

Date Form Completed:

Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>

Date of Birth:

Explanation:

Signature (required if submitting by mail): <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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Attach all related documents and SUBMIT this FORM via your Portal.

or

SEND To:

Minnesota Board of Law Examiners
 180 East 5th Street, Suite 950
 St. Paul, MN 55101