



# MINNESOTA BOARD OF LAW EXAMINERS APPLICATION FOR ADMISSION

180 East 5th Street, Suite 950  
St. Paul, MN 55101

## SECTION 10 | CHARACTER REFERENCES

Use this form to update or amend the Character References information provided in your online bar application. In total, the Board requires the below contact information for 5 individuals who have known you at least 3 years. No more than three references may be current law partners or associates. Do NOT list:

- a. Your current or former employers or supervisors;
- b. Your relatives (by blood or marriage);
- c. Your law school professors;
- d. Anyone who executed an affidavit in support of your application;
- e. Individuals attending your law school during your period of enrollment; or
- f. Anyone you listed as an attorney reference in Section 9.00.

Date Form Completed:

	<i>mm/dd/yyyy</i>
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Applicant Name:

<i>First</i>	<i>Middle</i>	<i>Last</i>

### Character Reference 1

Full Name:

	Occupation:	
--	-------------	--

Nature of Acquaintance:

	Years Known:	
--	--------------	--

Email:

	Day Phone:	(    )
--	------------	--------

Mailing Address:

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*Street*

--	--	--	--

*City*

*State*

*Zip*

*Country/Region (if non-U.S.)*

### Character Reference 2

Full Name:

	Occupation:	
--	-------------	--

Nature of Acquaintance:

	Years Known:	
--	--------------	--

Email:

	Day Phone:	(    )
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Mailing Address:

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*Street*

--	--	--	--

*City*

*State*

*Zip*

*Country/Region (if non-U.S.)*

### Character Reference 3

Full Name:

	Occupation:	
--	-------------	--

Nature of Acquaintance:

	Years Known:	
--	--------------	--

Email:

	Day Phone:	(    )
--	------------	--------

Mailing Address:

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*Street*

--	--	--	--

*City*

*State*

*Zip*

*Country/Region (if non-U.S.)*

### Character Reference 4

Full Name:

	Occupation:	
--	-------------	--

Nature of Acquaintance:

	Years Known:	
--	--------------	--

Email:

	Day Phone:	(    )
--	------------	--------

Mailing Address:

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*Street*

--	--	--	--

*City*

*State*

*Zip*

*Country/Region (if non-U.S.)*

### Character Reference 5

Full Name:

	Occupation:	
--	-------------	--

Nature of Acquaintance:

	Years Known:	
--	--------------	--

Email:

	Day Phone:	(    )
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Mailing Address:

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*Street*

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*City*

*State*

*Zip*

*Country/Region (if non-U.S.)*