Virginia Board of Bar Examiners

2201 W. Broad Street Suite 101 Richmond, VA 23220

FINGERPRINT CARD INSTRUCTIONS AND REQUEST FORM

Every applicant for the Virginia Bar Examination must submit with his or her application one set of clear and distinct fingerprints on an official fingerprint card.

An official fingerprint card may be obtained from the Board (see last paragraph), authorized police official, or from the registrar's office of any ABA approved law school in Virginia.

Applicant fingerprints MUST be taken by an authorized official (i.e, local police, sheriff, state police), and the fingerprint card must be signed by both the applicant and the person taking the fingerprints.

The applicant also must complete the following personal history data on the fingerprint card before submitting with the bar exam application:

- Name
- Date of Birth
- SSN
- Date Fingerprinted
- Sex
- Race
- Height
- Weight
- Eyes
- Hair
- Place of Birth
- Scars, Marks, Tattoos or Amputations
- Emergency Contact and Address
 Click here for an example of a completed fingerprint card

To obtain a fingerprint card from the Board, please mail or fax the Fingerprint Card Request Form (fillable pdf) to our office. A fingerprint card will be mailed to you within a week of receiving your request.

Applicants residing in Virginia can obtain a card and have their fingerprints taken at any Virginia State Police Headquarters. Click here for further information http://www.vsp.state.va.us/Fingerprints-NonCriminal.shtm

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To obtain the Board's Fingerprint Card, print this page, type of name and address into the fields of the address label be	
1. Fax the completed form to the Board's office	
<i>or</i>	
2. Mail the completed form to the Board's office.	
Upon receipt of the Fingerprint Card Request Form, a card business day. Do not call the Board's office to verify receipt of y	
Send by Mail or Facsimile Transmis	<u>ssion</u>
FAX TO: 804-367-0416 or Mail To: Virginia Board of Bar Examiners 2201 W. Broad Street Suite 101 Richmond, VA 23220-2022	For Board Use Only: Sent: By:
NO. of PAGES: one (this page only) ADDRESS LABEL: (The form below can be filled in on your computer or your legibly write your name, address and phone number.)	ou may print the form and
To:Name Street Address	

State

ZIP Code

City