

Pennsylvania Board of Law Examiners  
601 Commonwealth Ave., Suite 3600  
P.O. Box 62535  
Harrisburg, PA 17106-2535



Phone (717) 231-3350  
Fax (717) 231-3351  
www.pabarexam.org

**Personal Verification of Criminal History Information**

**This form is to be used only for foreign countries.** Please complete this form in accordance with the instructions for Criminal History Records. This form may be typed or legibly printed. **You may submit one form for all jurisdictions.**

This verification applies to the (circle one) February/July (year) \_\_\_\_\_ exam.

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

Last 4 digits of your Social Security Number: \_\_\_\_\_

[ ] I certify that I **do not** have a criminal history record in the following country/countries:

\_\_\_\_\_  
*AND/OR*

[ ] I certify that I **do** have a criminal record in \_\_\_\_\_, and that I have provided a detailed explanation of the circumstances on my bar application, and have provided copies of all documentation.

I verify that the statements of fact made by me in this personal verification are true and correct, and that they are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to the requirements for submitting the criminal history record. The verification is being submitted with my application as required according to the application instructions in lieu of submitting a criminal history record.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_