



**STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2303
1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500

REQUEST FOR SOCIAL SECURITY NUMBER EXEMPTION

Request form must be typewritten or legibly printed in ink.

Only applicants without a social security number because they do not qualify for one, may request that they be exempted from the requirement of providing a social security number at the time they apply for admission.

Applicant's Full Name:

Mailing Address:

I am **not** eligible for a social security number because (be specific):

If I become eligible to obtain a social security number in the future, I will advise the Office of Admissions.

I am **not** out of compliance with any legal obligation requiring the payment of child/family support. Should I ever become noncompliant, I will advise the Office of Admissions.

I hereby declare under penalty of perjury under the laws of the State of California that the information provided by me in this request is true and correct.

Executed on _____
(Date)

at _____
(City and State)

(Print Name)

SIGN HERE _____
(Signature of Declarant)

Reason Verified:
Denied: _____
 Initials/Date
Granted: _____
 Initials/Date
RR# _____

SLMS Check:
 No record found
 Record found

Initials/Date