

Virginia Board of Bar Examiners

2201 W. Broad Street
Suite 101
Richmond, VA 23220

FINGERPRINT CARD INSTRUCTIONS & REQUEST FORM

Every applicant for the Virginia Bar Examination must submit with his/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, fingerprinting agency, 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) or fingerprinting agency and the Fingerprint Card must be signed by both the applicant and the person taking the fingerprints.

The Fingerprint Card must be **an official document on card stock**. Fingerprint cards on **plain paper are not acceptable**.

Prior to submitting an application, the applicant **MUST** complete the following personal history data on the Fingerprint Card:

- Name (Last, First and Middle)
- Date of Birth
- SSN
- Date Fingerprinted
- Sex
- Race
- Height
- Weight
- Eye Color
- Hair Color
- Place of Birth
- Scars, Marks, Tattoos or Amputations
- Emergency Contact and Address

To obtain a fingerprint card from the Board, please fax, email or mail the Fingerprint Card Request Form (fillable pdf) to our office. A fingerprint card will be mailed to you the next business day.

FINGERPRINT CARD REQUEST FORM

To obtain a Fingerprint Card from the Board, complete the address label below on your computer or legibly print your address.

You may **fax**, **email** or **mail** your completed form:

Fax To: **804-367-0416**

Email To: **email@barexam.virginia.gov**

Mail To: **Virginia Board of Bar Examiners**
2201 W. Broad Street
Suite 101
Richmond, VA 23220-2022

For Board Use
Only:

Sent: _____

By: _____

After receipt of this form, a fingerprint card will be mailed the next business day.
Do NOT call the Board's office to verify receipt of this form.

Please provide a daytime phone number:

Phone Number: _____

Please complete the address label on your computer or legibly print your address.

To: _____		
Name		

Street Address		

_____	_____	_____
City	State	ZIP Code