| Hamline UniversitySchool of Law<br>Office of the Registrar | Student Certification for<br>Limited Practice |
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**To be completed by the student requesting certification**

| Student ID | Last Name | First Name | Middle Name |
|---|---|---|---|
| | | | |

I hereby request and authorize Hamline University School of Law to release my student information relevant to the Certification for Limited Practice to the State Supreme Court and the supervising law firm.

Signature Date

**To be completed by the supervising attorney**

| Firm/Agency Name | |
|---|---|
| Name of Supervising Attorney | |
| Address | |
| Phone Number | Email Address |

In accordance with Minnesota Supreme Court Student Practice Rule 1, the above named student will appear in trial court only under the direct supervision of a member of the State Bar of Minnesota, on behalf of a state, local, or other government unit or agency, or indigent person who is party to a civil action or who is accused of a crime, or a petty misdemeanor. The supervisor will assume personal professional responsibility for and supervision of the student's work, assist the student to the extent necessary, sign all pleadings, appear with the student in all trials, and appear with the student at all other proceedings unless the attorney deems his or her personal appearance unnecessary to assure proper supervision. This authorization shall be made in writing and shall be available to the judge or other official conducting the proceedings upon request.

I have read, understand, and will conform to Minnesota Supreme Court Student Practice Rule 1.

Signature Date

Please return this form to:

Hamline University School of Law Office of the Registrar MS-D2011
1536 Hewitt Avenue St. Paul, MN 55104-1284

Fax 651-523-2435

**FOR OFFICE OF THE REGISTRAR USE ONLY**

☐ 24 or more credits earned ☐ Good academic standing

We request that the above named student be certified for Limited Practice under Rule 1.

| Colleen Clish, Registrar | Date |
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