



**THE PARALEGAL ASSOCIATION OF WISCONSIN, INC.**

P.O. Box 510892  
Milwaukee, WI 53203-0151  
414-272-7168

**STUDENT CERTIFICATION**

The Paralegal Association of Wisconsin, Inc., is a professional association dedicated to the promotion of the role of Paralegals in the legal field, their training and continuing education.

We request that you complete this form as a prerequisite to the applicant's student membership. Your time and cooperation are appreciated.

If you have any questions, please do not hesitate to contact the Association at the number listed above.

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I hereby certify that \_\_\_\_\_ is a student at:

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

In the following program: \_\_\_\_\_ with

an expected graduation date of \_\_\_\_\_.

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_