



**Paralegal Association of Wisconsin, Inc.**  
**P.O. Box 681, La Crosse, WI 54602**  
**Website: [www.wisconsinparalegal.org](http://www.wisconsinparalegal.org)**

## **STUDENT CERTIFICATION**

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 Membership Director or any other Board member listed on the Association's web site.

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

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

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

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

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

With an expected graduation date of \_\_\_\_\_

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

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

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

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