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APPEAL FORM

When to file your Appeal: The appeal must be received within 45 days of the date your application was denied as set forth on your denial letter.

Where to file the Appeal: Illinois Paralegal Association Accreditation Committee

What you must file with your Appeal:

1. Appeal Form;
2. The reason for your appeal; and
3. Any supporting documentation.

Your Name: _____

Address: _____

Telephone Number: _____

Date of Denial: _____

Reason Application was Denied: _____

I certify that the information I have given in connection with this appeal is true, to the best of my knowledge.

Signature

Date