DO NOT ALTER THESE FORMS
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, (*Name)*_____

born at (*City)*_____*(State)*_____ ***(COUNTRY)***_____

on (*Date of Birth)*_____, having filed an application for admission to the bar of

(*Jurisdiction)* _____, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information which may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the National Conference of Bar Examiners any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the National Conference of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records, or other information. The records, however, will not include any information with respect to a juvenile offense.

I authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release to the National Conference of Bar Examiners information or photocopies from my military personnel and related medical records, or only the following information/ records:
_____.
This could include a photocopy of my DD Form 214, Report of Separation.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the admitting authority of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the National Conference of Bar Examiners or by the admitting authority.

STATE OF _____)
) SS.
COUNTY OF _____)

_____
Signature of Applicant

Subscribed and sworn before me this _____ day

of _____, _____
Month *Year*

_____
Notary Public
My commission expires_____
Seal or stamp must be affixed to each original

STANDARD-01 Rev. 3/6/02