AUTHORIZATION AND RELEASE

horn on	[hirth data]	in	[birth city],
born on			
professional reputation a to the admitting authori will not receive and an	tion for admission to the bar of and fitness for the practice of laty. I agree to give any further in not entitled to a copy of the	of Arizona, hereby consent to law and such other information or information which may be required.	[birth country], have an investigation made as to my moral character as may be received, all of which will be reported onl quired concerning my past record. I understand that nts, and I further understand that the contents of mRules of the Supreme Court.
withdrawal, and pass/fa	il. I understand that test scor		cich I graduated my test status, including attendance school. I authorize the Committee on Character and essing fitness for licensure.
institution having contr and/or the National Co regarding charges/comp any other pertinent data	ol of any documents, records inference of Bar Examiners (laints filed against me, includi	or other information pertaining NCBE) any such information, and any complaints erased by lacourt of Arizona and/or the NCI	agency, law enforcement agency, court, association or go to me to furnish to the Supreme Court of Arizona, including documents, records, bar association file aw, whether formal or informal, pending or closed, of BE or any of their agents or representatives to inspect
are immune from all ci examination, character statements of opinion a	vil liability for conduct and c and fitness qualifications, an nd other information regarding ion, without malice, to the C	ommunications occurring in the discensing of persons seeking an applicant for admission to	and Fitness, and its members, employees, and agents are performance of their official duties relating to the grade to be admitted to the practice of law. Records to the bar communicated by any entity, including any employees or agents are privileged, and civil suits
For purposes of this rele	ease, the undersigned gives per	mission to use a photocopy of h	nis/her signature on this form as an original signature.
		ed all questions fully and franking Character Report are true and	dy. I hereby declare under penalty of perjury that the d correct.
State of)		
County of) ss:)		
		Signature of Applica	ant
		Date	
Subscribed and sworn	to before me this	2	
day of	, Year		
Notary Public			
My Commission Expire	.g.		(Seal or stamp must be affixed)