AUTHORIZATION AND RELEASE

I,			
born on	[birth date], in		[birth city],
professional reputation to the admitting author will not receive and ar	and fitness for the practice of law and rity. I agree to give any further inform	ona, hereby consent to have an in such other information as may be nation which may be required co or to know the contents, and I for	[birth country], nvestigation made as to my moral character be received, all of which will be reported only incerning my past record. I understand that later than the contents of my expressed Supreme Court.
institution having com and/or the National C regarding charges/com any other pertinent dat and make copies of suc	trol of any documents, records or oth onference of Bar Examiners (NCBE plaints filed against me, including any a; and to permit the Supreme Court of	er information pertaining to me) any such information, including complaints erased by law, where Arizona and/or the NCBE or are ation. I authorize the Committee	law enforcement agency, court, association of to furnish to the Supreme Court of Arizona ng documents, records, bar association file ther formal or informal, pending or closed, of my of their agents or representatives to inspec- on character and Fitness to access my current
are immune from all c examination, characte statements of opinion	eivil liability for conduct and communication and fitness qualifications, and lice and other information regarding an aution, without malice, to the Comming	nications occurring in the performance of persons seeking to be applicant for admission to the bar	ness, and its members, employees, and agent rmance of their official duties relating to the e admitted to the practice of law. Records r communicated by any entity, including any yees or agents are privileged, and civil suit
For purposes of this rel-	ease, the undersigned gives permission	to use a photocopy of his/her sig	gnature on this form as an original signature.
			eby declare under penalty of perjury that the w Admission Program (GLAP) are true and
State of)		
County of)) ss:)		
		Signature of Applicant	
Subscribed and sworn	to before me this	Date	
day of	, Year		
Notary Public			
My Commission Expir	res:		(Seal or stamp must be affixed)