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AUTHORIZATION AND RELEASE FORM

I, _____, social security number _____,
(Applicant's name)
born on _____ in _____, _____, _____,
(Date) (City) (State) (Country)

having filed an application for admission to practice law in the State of Nevada, hereby apply for a character and fitness report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received or reported to the State Bar of Nevada. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or know its contents, and I further understand that the contents of my character report are privileged.

I also authorize and request every person, firm, company, corporation, school, college, university, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the State Bar of Nevada and/or the National Conference of Bar Examiners any such information, including credit information, motor vehicle driver's license records, documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the State Bar of Nevada and/or the National Conference of Bar Examiners and/or any of its agents and representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge, exonerate the State Bar of Nevada, its agents and representatives and the National Conference of Bar Examiners, its agents and representatives and any person for 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 State Bar of Nevada and/or the National Conference of Bar Examiners.

I hereby consent to the disclosure of all information as set forth in this instrument pursuant to any request by any state bar, bar association, the National Conference of Bar Examiners or other admitting authority.

I have read the foregoing document and sign it willingly, voluntarily and with full knowledge.

STATE OF _____)
:ss
COUNTY OF _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20__

(Signature of Applicant)

(Signature of Notary)

NOTARY PUBLIC in and for the
County of _____, State of _____.