

AUTHORIZATION AND RELEASE

I, _____, born on _____
Name Date of Birth

at _____
City, State, and Country of Birth

am applying for admission to the Bar of Missouri, hereby authorize, release, and consent to the following:
I authorize and give my consent to the Board of Law Examiners, its agents, employees, and representatives, to conduct an investigation as to my character and fitness for the practice of law, and to request such information and make inquiries of third parties as the Board deems necessary in its sole discretion. I further authorize the use of any such information in the course of the Board’s investigation and evaluation of my character and fitness.

I authorize and request every person, firm, company, corporation, employer (past or present), credit reporting agency, governmental agency, law enforcement agency, court, bar association, school, college, university, educational institution, and any other agency having control of any documents, records, files, writings, or other information pertaining to me to furnish to the Board of Law Examiners any such information, including but not limited to (including those dismissed, or otherwise erased or expunged by law, whether formal or informal, pending or closed) any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, investigations, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, administrative discharges, or any other data or information pertaining to me. Without limiting the previously described authority, I specifically authorize the release of records of any professional associations or licensing or disciplinary entities concerning charges or complaints filed against me, whether formal or informal, pending or closed.

I acknowledge and understand that pursuant to the Federal Privacy Act of 1974, disclosure of my Social Security Number (SSN) is voluntary. The Board will use my SSN as necessary to avoid errors of identity and to expedite completion of the Board’s investigation. I consent to disclosure by the Board of my SSN to such entities, agencies, and persons having control of records or other information, including credit and tax records that require my SSN in order to identify me.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record to release to the Board of Law Examiners information or photocopies from my military personnel and related medical records. This could include a photocopy of my Form DD214, Report of Separation.

I hereby authorize the Missouri Department of Revenue to release confidential tax records, protected by §32.057, RSMo, to the Missouri Board of Law examiners, its agents, employees, and representatives. The Director of Revenue and department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo or any other applicable confidentiality statute.

I hereby release, discharge and exonerate the Board of Law Examiners and any person furnishing information, documents, or records pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of their participation in the investigation made by the Board.

I further consent that a photocopy of this Authorization and Release may be accepted in lieu of an original.

Signature of Applicant
State of _____)

County of _____)

Subscribed to before me this _____ day of _____, 20____.

[Seal or stamp must be affixed.]

Notary Public