## AUTHORIZATION AND RELEASE

| I, (Name)  |   |  |
|--|---|--|
| born at (City)   | (State)   | (Country)  |
| (DOB), having filed an appropriate character report and consent to have an investigate fitness for the practice of law and such other infor admitting authority. I agree to provide any further understand that the contents of my character report  | ion made as to my mo<br>mation as may be rece<br>information which m  | ral character, professional reputation and eived, all of which will be reported only to the ay be required concerning my past record. I  |
| I also authorize and request every person, firm, co attorneys, court, association or institution having of furnish to the Nebraska State Bar Commission and files regarding charges or complaints filed against informal, pending or closed, or any other pertinen its agents or representatives to inspect and make or records, however, will not include any information have with respect to requested information. | control of any docume<br>y such information, in<br>me, including any co<br>t data, and to permit the<br>copies of such docume | ents, records and other information, to cluding documents, records, bar association implaints erased by law, whether formal or ne Nebraska State Bar Commission or any of ents, records and other information. The |
| I authorize the National Personnel Records Center<br>release to the Nebraska State Bar Commission inf<br>medical records, or only the following information<br>This would include a photocopy of my DD Form  | formation or photocopy<br>n/records:  | ies from my military personnel andrelated  |
| I hereby release, discharge and exonerate the Neb admitting authority of the above jurisdiction, its agreement and all liability of every nature and kind records, and other information on the investigation authority.   | gents and representative arising out of the furn  | ves, and any persons so furnishing information hishing or inspection of such documents,  |
|  |   |  |
| STATE OF) ss   |   | Signature of Applicant   |
| COUNTY OF)   | 5.  | Signature of Applicant   |
|  |   | Date   |
| SUBSCRIBED and sworn to before me this   |   |  |
| day of   | <u> </u>  |  |
| Notary Public  | <del>_</del>  |  |
| My Commission expires:   | (SEAL)  |  |