DO NOT ALTER THESE FORMS
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AUTHORIZATION AND RELEASE WSBA Applicant ID No.: _____

I, (Name)_____,

born at (City)_____, (State)_____,

(**COUNTRY)**_____, on (Date of Birth)_____,

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and WSBA to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by WSBA and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities for the purpose of making a determination regarding my character and fitness to practice law.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to WSBA and NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize WSBA and NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the WSBA and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person 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 National Conference of Bar Examiners or by the Washington State Bar Association.

_____
Signature of Applicant Date

STATE/DISTRICT OF_____

COUNTY/PARISH OF_____

Subscribed and sworn to or affirmed before me this_____day

of _____, _____
Month Year

_____
Signature of Notary Public

My commission expires_____

Seal or stamp must be affixed to each original.

Return completed <u>original</u> forms to: WSBA, Attn: Admissions Department, 1325 4th Ave Ste. 600, Seattle, WA 98101

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