

# Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



## AUTHORIZATION & RELEASE

Re: Application of \_\_\_\_\_  
Name of Applicant or Registrant

TO WHOM IT MAY CONCERN:

Having filed an application with the Florida Board of Bar Examiners, I hereby authorize and request every person, official, representative of a firm, corporation, association, organization or institution (collectively the "Authorized Persons") having control of any documents, records or other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the Board or any of its representatives and to permit the Board or any of its representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, records of disciplinary proceedings (whether nonjudicial punishment or courts martial) or records regarding my release from the military service (including an undeleted copy of my DD Form 214) to the Board or to the Board's authorized medical representative.

I hereby further authorize the Authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the Board or its authorized representative and to appear before the Board or its authorized representative and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the Board or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing, except as provided by Rule 1-60 of the Rules of the Supreme Court Relating to Admissions to the Bar.

I hereby release, exculpate and exonerate the National Personnel Records Center and all Authorized Persons that comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Florida Board of Bar Examiners.

I understand that this Authorization and Release shall be effective until I have been admitted to The Florida Bar for 12 months pursuant to Rule 5-14 or until the end of any extension of that 12 month period granted by the Supreme Court of Florida. A copy of this Authorization and Release shall be as authentic as the original.

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State of \_\_\_\_\_ County of \_\_\_\_\_ \_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_  
Signature and Seal of Notary Public

Check one:  Personally Known OR  Produced ID

\_\_\_\_\_  
Name of Notary Public (typed, printed or stamped) \_\_\_\_\_  
Type of Identification Produced

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### CERTIFICATION

The Florida Board of Bar Examiners certifies that authority to use this Authorization and Release form has not expired under the provisions of the Rules of the Supreme Court Relating to Admissions to the Bar and has not been revoked by the applicant.

THE FLORIDA BOARD OF BAR EXAMINERS

By: \_\_\_\_\_