

Authorization and Release Form

I, _____, _____
Full Legal Name

born, _____ on, _____
Place of Birth Date of birth

I hereby swear or affirm that I have read the foregoing document and have answered all questions fully and truthfully. I hereby (a) authorize and request every person, firm, corporation, association, court, school, governmental and law enforcement and other agencies, including healthcare professionals and institutions, having control of any documents, records or other writing, or having other information pertaining to me (including but not limited to educational records as defined in 20 USC § 1232g; confidential records; medical records and records concerning advice, care or treatment provided to me; files of bar associations or disciplinary agencies regarding charges or complaints filed against me, formal or informal, pending or closed, or other pertinent data) to furnish to the Virginia Board of Bar Examiners and its agents or representatives, including the Virginia Board of Bar Examiners, any such writings and information the Board believes may relate to my moral character, professional reputation, and/or fitness to engage in the practice of law, and to permit the Board and any of its agents or representatives to inspect and make copies of such documents, records, and other writings; (b) agree that all information provided by this application, and all other information received by the Board and believed by it to have a bearing upon my moral character, professional reputation, and/or fitness to engage in the practice of law, may be released by the Board at any time, and without liability to the Board, its members, agents, or other representatives, to any investigatory or regulatory body or agency having jurisdiction over admission to the bar or the discipline of lawyers, when such release is considered to be reasonably needed by such body or agency in response to its inquiry relating to my moral character, professional reputation, and/or fitness to engage in the practice of law; and (c) agree that the foregoing shall remain in effect for any future examination for which I may make application to the Virginia Bar. I release the National Conference of Bar Examiners and any person furnishing information in the course of the investigation of my character, professional reputation, and/or fitness to engage in the practice of law from all liability of any kind arising out of the furnishing of such information and documents. **Since this is a continuing Questionnaire**, I will submit such additional affidavits, documentation, or information as may be requested or as may be required by any change in my situation up to the date of my appearance before the Supreme Court of Virginia to be administered the oath of an attorney and counselor at law. I recognize and acknowledge that making a materially false statement in, or failing to disclose a material fact requested in connection with an application for admission to the bar is a violation of Rule 8.1, Virginia Rules of Professional Conduct. **A photocopy of the foregoing authorization shall be as valid as an original.**

 Signature of Applicant

===== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC =====

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

 who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

 Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)