APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 15 – AUTHORIZATION AND RELEASE

IN RE APPLICATION OF	
NAME:	
SOCIAL SECURITY NUMBER:	
California's Committee of Bar Examiners conducting an in character. I have carefully read the questions in the fortruthfully, fully and completely, without mental reservation make a full disclosure of any fact or information called foreceipt of an adverse moral character determination. It Examiners, by and through its authorized agents or representations.	oregoing application and have answered them ons of any kind. I fully understand that failure to or may result in the denial of my application and herefore expressly authorize the Committee of Bar
inquiries and request information from third parties which, in necessary to determine my qualifications for good moral cline Release will remain effective throughout the entire moral proceedings before the State Bar Court and the California withdrawal of this Authorization and Release will terminate the	n the sole discretion of the Committee, is deemed naracter. I understand that this Authorization and character determination process, which includes Supreme Court. I acknowledge and agree that

I authorize and request every person, organization, association, firm, company, corporation, school, employer (past or present), bank, financial institution, franchise tax board, consumer or credit reporting agency, law enforcement agency, governmental agency or instrumentality, court, or any other third party (collectively, "Third Party") having an opinion about me or knowledge or control of any documents, records, or data pertaining to me, including, but not limited to, any confidential or sealed records, public or private disciplinary records, or any criminal history record information (collectively, "Information") to reveal, furnish, and release to the Committee any such Information, I further authorize and request any Third Party to answer any and all inquiries, questions, or interrogatories asked by the Committee concerning me or such Information about me and to appear before the Committee or the State Bar Court and give full and complete testimony concerning me or such Information about me.

Without limiting the previously described release, I specifically authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records, to reveal, furnish, and release Information to the Committee from my military personnel file, including related medical records or a DD Form 214, Report of Separation, if any. I also specifically authorize the release of Information from other state bars, bar associations, or bar grievance councils regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent Information, as well as all undergraduate, graduate, or law school Information relating to my admission and my conduct during my enrollment in such schools. I further authorize all law schools, educational institutions and testing organizations to release to the Committee Information to be used in conjunction with studies conducted by the Committee regarding the admissions process.

I understand that the fact that I am a California applicant will be communicated to other bar admitting entities, as well as to the National Conference of Bar Examiners and by that agency to such other bar admitting authorities as may inquire, and I further authorize the Committee to release any Information received or obtained in connection with my moral character application to other bar admitting entities and the National Conference of Bar Examiners for purposes of other moral character investigations pertaining to me.

I hereby release, discharge, and exonerate the State Bar of California, including its Board of Trustees and the Committee, and all officers, employees, agents, and representatives (as the same may be constituted from time to time) and any Third Party from and against any and all claims, demands, causes of action, damages, judgments, debts, obligations, or liabilities of every nature and kind arising out or in connection with any Information furnished to the Committee or used by the Committee pursuant to this Authorization and Release.

I also understand that pursuant to Rule 4.42 of the *Admissions Rules*, I am under a continuing obligation to keep my application current and must update in writing my responses to the application whenever there is an addition to or a change to information previously furnished to the Committee.

For purposes of this Authorization and Release the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

I hereby declare under penalty of perjury under the laws of the State of California that the answers and statements provided by me in the foregoing application are true and correct.

	Executed on		
		(Date)	
	at		
		(City and State)	
		(Drint Nama)	
		(Print Name)	
SIGN HERE			
		(Signature of Declarant)	

Note: Applications received more than 30 days after being signed will be returned as stale dated.