STATE OF NEW JERSEY

BOARD OF BAR EXAMINERS

Appointed by the Supreme Court of New Jersey

JOHN C. MILLS, CHAIR
RICHARD E. TILTON, VICE CHAIR
AL GARCIA
PETER M. HALDEN
JOHN A. HAULENBEEK
ANTHONY R. HIGGINS
LOUIS H. MIRON
BINDI C. PATEL

HEATHER JOY BAKER
SECRETARY

MARY B. PATTERSON
ASSISTANT SECRETARY

PO Box 973
TRENTON, NEW JERSEY 08625-0973
Tel: (609) 815-2911 Fax: (609) 815-2913

AUTHORIZATION AND RELEASE

I, _____ born in _____, on
(Name) (City, State)
_____, as part of my application to the Supreme Court of New Jersey for plenary admission to the bar,
(Date of birth)
for a limited In-House Counsel license, Foreign Legal Consultant certification, Foreign In-House Counsel registration or any other application to the New Jersey Board of Bar Examiners hereby authorize and request every person, official, firm, company, corporation, institution, educational institution, governmental agency, court, association or organization (collectively the "Authorized Persons") having control of any documents or records regarding any charges, grievances, or complaints filed against me, formal or informal, pending or closed, or any 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 New Jersey Board of Bar Examiners ("Board"), the New Jersey Committee on Character ("Committee"), or any of their representatives and to permit the Board, the Committee, or any of their representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center ("Center") and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, complete service records, records of disciplinary proceedings (whether non-judicial punishment or courts martial), records regarding the undersigned's release from the military service (including an undeleted copy of the undersigned's DD Form 214) and all health/medical records to the Board, the Committee, or any of their representatives.

I further authorize the Authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned that may be submitted to them by the Board, the Committee, or any of their representatives and to appear before the Board, the Committee, or any of their representatives 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, the Committee, or any of their representatives.

I hereby release, discharge, exculpate and exonerate the Board, the Committee, the Center, and all Authorized Persons that comply in good faith with the Authorization and Release 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 Board, the Committee, or any of their representatives. A copy of this Authorization and Release shall be as authentic as the original.

I have read the foregoing document, and the answers are complete and are true of my own knowledge.

STATE OF _____)

COUNTY OF _____)

) _____
SIGNATURE OF APPLICANT

Subscribed and sworn before me this

_____day of_____, _____

_____
NOTARY PUBLIC OR ATTORNEY-AT-LAW