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Execute three original copies  
Please use black or blue ink

NCBE Number \_\_\_\_\_

## AUTHORIZATION AND RELEASE

I, (*Name*) \_\_\_\_\_,

born at (*City*) \_\_\_\_\_, (*State*) \_\_\_\_\_,

(*COUNTRY*) \_\_\_\_\_, on (*Date of Birth*) \_\_\_\_\_,

having filed an application with the admission authority of the bar of **Rhode Island** as one  
(*Jurisdiction*)

of the following: Law Student Registrant, Motion/Reciprocity Applicant, Bar Examination Applicant, In-House Counsel, Notary Public, or Foreign Legal Consultant, hereby apply for a character report to be prepared by the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE 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 NCBE and are reported 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 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 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 NCBE information or photocopies from my military record.

I hereby release, discharge, and exonerate NCBE, its agents and representatives, the admitting authority of the above jurisdiction, its agents and representatives, and any person so 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 NCBE or by the admitting authority.

\_\_\_\_\_  
*Signature of Applicant*

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.

Authorization and Release Form