Board of Law Examiners

Appointed by the Supreme Court of Texas

Authorization and Release

hereby give my consent to the Board of Law Examiners to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the

sole discretion of the Board, is necessary to such investigation. I furth	
such information in the course of the Board's investigation and evaluations.	ation of my moral character and
I authorize and request every person, firm, company, corporation present), governmental agency, court, association, institution, or other about me or knowledge or control of any information, documents, reto public or private disciplinary records, criminal history record information, or other data pertaining to me, to reveal, furnish and release Examiners of the State of Texas, or any of its agents or representative knowledge, information, documents, records or other data. Without liauthority, I specifically authorize the release of files of any bar associated grievance or other bar committee regarding charges or complaints file informal, pending or closed, or any other pertinent data, as well as all school records relating to my admission to and conduct during my ending the release, discharge and hold harmless the Board of Law Texas, its agents or representatives (including but not limited to experience of the Board or its staff in the course of its investigation, school, employer (past or present), government in the course of its investigation of the course of its investigation of the course of its investigation.	r third party having opinions ecords (including but not limited mation, medical or psychological to the Board of Law res, any such opinions, imiting the previously described ation, bar admissions agency, ed against me, formal or undergraduate, graduate, or law rollment in such schools. We Examiners of the State of et witnesses or evaluators gation), and any person, firm, atal agency, court, association,
institution, or other third party, and their agents, from any and all liabs arising out of the furnishing, inspection, and use of such opinions, kror other data. Notwithstanding any statement herein to the contrary, this Aut	horization and Release shall
operate to agree to the release of only those mental health records release (a) my being diagnosed with bi-polar disorder, schizophrenia, para disorder, and any treatment therefor, within the five years immore my Application with the Board of Law Examiners; and	noia, or any other psychotic
(b) my admission to a hospital or other facility for the treatment of schizophrenia, paranoia, or any other psychotic disorder, since within the five years immediately preceding the filing of my Ap shorter.	attaining the age of 18 or
This limitation, however, does not apply to records relating to a records relating to a disability for which I am seeking or intend to see accommodations.	<u> </u>
Signature of Declarant or Applicant	Date