House Counsel Application Authorization and Release Form

(Execute in Duplicate)

I,_____, born at _____,
Name *City* *State*

on_____, having filed an application for admission to the **Idaho State Bar**, hereby
Date
consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law.

I authorize and request every person, firm, company, corporation, governmental agency, professional admission or licensing agency, hospital or medical facility or institution having control of any documents, records and other information pertaining to me, including records pertaining to any kind of medical treatment and/or drug or alcohol treatment, to furnish to the Idaho State Bar any such information, including documents, records, reports, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Idaho State Bar or its agents to inspect and make copies of such documents, records, and other information. I further authorize the Idaho State Bar to release information pertaining to my application as necessary to conduct and complete its investigation.

I understand that I will not receive and am not entitled to copies of the character and fitness report or reference forms, or to know their contents.

I hereby request and authorize the Department of the _____ to furnish to the Idaho
Branch of Military Service
State Bar the record of each period of my service therein, and to furnish the character of service rendered for each period. My military identification number:_____.

I hereby release, discharge and exonerate the Idaho State Bar, 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 the Idaho State Bar.

I have read the foregoing document and hereby agree to its terms.

State of_____)
)ss.
County of_____)

_____
Signature of Applicant

Subscribed and sworn to before me)
) *SEAL*
this _____day of _____20_____)

_____

My commission expires_____