



# Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS  
110 EAST MAIN STREET, SUITE 715  
P.O. BOX 2748  
MADISON, WI 53701-2748  
TELEPHONE: (608) 266-9760

## AUTHORIZATION AND RELEASE

I, ,  
(applicant name)

born at , on   
(city, state) (mm/dd/yyyy)

having filed an application for admission to the practice of law in Wisconsin, hereby consent to have an investigation and report made as to my moral character and fitness for the practice of law and such other information as may be received, all of which will be reported to the Board of Bar Examiners. I agree to give any further information that may be required in reference to my past record. I understand that the contents of my applicant file are confidential except as provided in SCR 40.12.

I also authorize and request every person, school, board of law examiners, firm, company, corporation, governmental agency, court, association, or institution having control over any documents, records, and other information pertaining to me, to furnish to the Board of Bar Examiners (BBE) any information, files, or records requested in connection with the processing of my application. This authorization includes documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and includes my permission for the BBE, or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I hereby request and authorize any branch of the military (identify branch of military service, if applicable; otherwise state "not applicable")  to furnish to the BBE the record of each period of my service therein, and to furnish the character of service rendered for each period.

I hereby release, discharge, and exonerate the Board of Board Examiners, their 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 BBE.

STATE OF

COUNTY OF

Subscribed and sworn to before me  
on \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public\* (print name)

Notary Seal or Stamp

\_\_\_\_\_  
Notary Public (sign name)

My commission expires:  expires \_\_\_\_\_.  
 is permanent.

\* A notarial seal or stamp is required.