

## **AUTHORIZATION AND RELEASE**

TO WHOM IT MAY CONCERN:

I, (Name) \_\_\_\_\_ born at (City) \_\_\_\_\_

(State or foreign country) \_\_\_\_\_ on (Date of Birth) \_\_\_\_\_

having filed an application for admission to the South Carolina Bar, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law. I further consent to release any such information to the Committee on Character and Fitness of the Supreme Court of South Carolina (Committee) and to the National Conference of Bar Examiners (NCBE). I agree to give any further information which may be required in reference to my past record. I understand that I will not receive, and am not entitled to, a copy of the report or to know its contents.

I hereby authorize and request every medical doctor, school official, firm, company, corporation, organization, consumer reporting agency, governmental agency, court, officer, association or institution, or any and every other person or entity having control of any documents, records or any other information pertaining to my good moral character and general fitness to practice law to furnish the originals or copies of any such documents, records, or any other information or data to the NCBE, the Committee, or any other investigative authority. I permit the Committee, NCBE or any other investigative authority to inspect and make copies of any such documents, records and other information including, but not limited to, any and all medical reports, which may have been made or prepared pursuant to, or in connection with, any examination, consultation, test, or evaluation of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the NCBE, the Committee, or any other investigative authority and to appear before the Committee or its authorized representatives and to give a full and complete testimony concerning the undersigned. I hereby relinquish any and all rights to said reports and any other information provided to or prepared by the Committee or its authorized representative, and fully understand that I am not entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize the Supreme Court and the Committee, or any agent or authorized representative to make a complete investigation of my character and fitness to practice law in South Carolina. I hereby release and exonerate those so authorized, and any person or organization supplying requested information, from liability of any kind resulting from the investigation or the furnishing of the information. I understand that I am not to receive, or entitled to receive, or have access to any information developed or secured during such investigation.

I understand that the investigation process may require that the Supreme Court, the Committee or any other investigative authority receive and release my social security number for the purpose of assessing or verifying information pertinent to this investigation and character report, and I authorize such receipt and release.

I understand that all forms of Authorization and Release executed by the undersigned for admission to practice of law in South Carolina terminate immediately upon admission to the South Carolina Bar, the receipt of written notice of withdrawal of the application, or the termination of the application by final rejection, except that such information will be retained on file by the Supreme Court and the Committee, may be released to the NCBE, and may be released upon written request by any other admitting authority or Bar Grievance Committee where the applicant may later apply for admission or be admitted to the practice of law.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true.

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Applicant Signature

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Print Applicant Name

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Date

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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(Notary Signature)

Notary Public for: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_