

**STATE OF MAINE BOARD OF BAR EXAMINERS**  
**AUTHORIZATION AND RELEASE**

I, (Name) \_\_\_\_\_, born (Date of Birth) \_\_\_\_\_,  
born at (City) \_\_\_\_\_, (State) \_\_\_\_\_, (Country) \_\_\_\_\_,

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association or State bar governing agency files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (Sign in Blue or Black Ink)

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public (Sign in black ink)

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.