DO NOT ALTER THIS FORM Execute TWO Original, Notarized Forms Use Black or Blue Ink

## AUTHORIZATION AND RELEASE

| I, (name)  | , date of birth,  |
|--|---|
| as part of my application for admission to the bar of N as to my moral character, professional reputation, fitnes as may be received, all of which will be reported to the | New Mexico, consent to have an investigation made as for the practice of law, and such other information  |
| give any further information which may be required<br>the confidentiality of applicant records is governed by  | d concerning my past record. I acknowledge that   |
|  | radmission and disciplinary office, firm, company, oration, school, college, university, law school, t, association, or institution having control of any |
| <b>Examiners</b> any such information, including documents   |   |
| complaints formal or informal, pending or closed, or   | any other permanent data and to permit the New  |
| Mexico Board of Bar Examiners or any of its agents of  | or representatives to inspect and make copies of such   |
| documents, records or other information.   |   |
|  | stand that I am responsible for fees and costs  |
| associated with any investigations and hearings reg  |   |
| and hereby authorize the New Mexico Board of I   | Sar Examiners to assess and collect these costs   |
| and fees against me as incurred.   |   |
|  | icated by me in confidence to any lawyer, physician,  |
| psychiatrist, or clergyman as to which I have a privileg   |   |
| 38-6-6, NMSA 1978 and SCRA 1986, Rule 11-501 thr   | . 11  |
| members, employees, agents, and representatives, and   | New Mexico Board of Bar Examiners, its officers,  |
| liability of every nature and kind arising out of the furr   |   |
| other information or the investigation made by the <b>Ne</b>   |   |
| application to the bar.  | w wicked board of bar Examiners related to my   |
| application to the bar.  |   |
| STATE OF)  |   |
| ) ss.  |   |
| COUNTY OF) ss.   |   |
|  |   |
|  |   |
|  | Signature of Applicant  |
|  |   |
| Subscribed and sworn before me this day of   |   |
|  |   |
|  |   |
|  | Notary Public   |
|  |   |
| My commission expires  |   |

Seal or stamp must be affixed to each original.