

AUTHORIZATION AND RELEASE

Check One:

Attorney Applicant	<input type="checkbox"/>
Regular Applicant	<input type="checkbox"/>
Government Applicant	<input type="checkbox"/>

Applying For: (if applicable)	
July Bar Exam	<input type="checkbox"/>
February Bar Exam	<input type="checkbox"/>

Applicant's Name: _____
Last
First
Middle

Having filed an application for admission to the Commonwealth of the Northern Mariana Islands Bar Association, I hereby give my consent for a character report, and to have an investigation made as necessary as to my moral character, professional reputation and fitness for the practice of law, and such information as may be received, reported by the admitting authority. I agree to give any information which may be required in reference to my past record. I understand that the contents of my character report are privileged.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information pertaining to me to furnish to the Supreme Court of the Commonwealth of the Northern Mariana Islands and their agents and representatives, any such information, including documents, records, 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 Supreme Court of the Northern Mariana Islands or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

Where applicable, I authorize the National Personnel Records Center, in St. Louis, Missouri or other custodian of my military records to release to the Supreme Court of the Commonwealth of the Northern Mariana Islands information or photocopies from my military personnel and related medical records, *or only the following military information and/or records:*

This could include a copy of my DD For 214, Report of Separation.

I hereby release, discharge, and exonerate the Supreme Court of the Commonwealth of the Northern Mariana Islands, its agents and representatives, the admitting authority of the jurisdiction, 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 Supreme Court of the Commonwealth of the Northern Mariana Islands.

Dated this _____ day of _____, 20_____.

(Applicant's Signature)

NOTARY

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public for the
Commonwealth/State of _____
County of _____
My Commission expires on _____

(Notary Seal)