

APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 4-AUTHORIZATION TO RELEASE MEDICAL RECORDS

Name: _____ Social Security Number: _____

Upon presentation of the original or a photocopy of this signed authorization,

I, _____
(Applicant's name)

authorize _____
(Name and address of institution or doctor)

to provide information, including copies of records, concerning advice, care or treatment provided to me without limitation relating to use of drugs or alcohol to representatives of the California Committee of Bar Examiners who are involved in conducting an investigation into my moral character for approval to practice law in the State of California. I understand that any such information as may be received will be reported only to the admitting authority.

I hereby release, discharge and exonerate the California Committee of Bar Examiners, its agents and representatives and

(Name and address of institution or doctor)

its agents and representatives 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 California Committee of Bar Examiners.

(Signature of Applicant)

Date

Witness

Witness