

WASHINGTON STATE
BAR ASSOCIATION
Regulatory Services Department

Complete this form and upload to your online application.

AUTHORIZATION AND RELEASE FORM

I, (Name) _____,
as Compliance Officer for (name of entity) _____,

having filed an application with the Washington State Bar Association (WSBA), consent to having the WSBA, its agents, including ILG Investigations LLC, representatives, and volunteers investigate the above-named entity's character, professional reputation, and fitness for participation in the Washington Pilot Project for Entity Regulation. I agree to give any further information which may be required in reference to the past record of the entity. I understand that the contents of the entity's character report are subject to WSBA public records requests pursuant to rule 12.4 of the Washington state General Rules.

I authorize and request every person or entity having control of any documents, records, and other information pertaining to the entity to furnish to the WSBA or ILG Investigations LLC any such information including documents, records, charges or complaints filed against the above-referenced business entity, formal or informal, pending or closed, or any other pertinent data, and to permit ILG Investigations LLC, the WSBA, or any of its agents, representatives, and volunteers to inspect and make copies of such documents, records and other information.

I release, discharge and exonerate ILG Investigations LLC, and the WSBA, its agents, representatives, and volunteers, and any person furnishing information pursuant to this Authorization and Release from 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 ILG Investigations LLC and the WSBA and its agents.

I certify under penalty of perjury under the laws of the state of Washington that I have read, fully understand, and agree to each provision of this agreement, and that the information I provided is true and complete to the best of my knowledge.

Signature of Compliance Officer

Entity Job Title

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.