

WASHINGTON STATE
BAR ASSOCIATION
Regulatory Services Department

Complete this form and upload image or PDF to your online application.

AUTHORIZATION AND RELEASE FORM

I, (Name) _____,
born at (City) _____, (State) _____,
(COUNTRY) _____, on (Date of Birth) _____,

having filed an application for reinstatement to active status with the Washington State Bar Association, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA). I further consent to allow the WSBA to conduct an investigation as to my moral character and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by the WSBA.

I authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to the WSBA any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize the WSBA or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the WSBA information or photocopies from my military record.

I hereby release, discharge and exonerate the Washington State Bar Association, its agents and representatives, and any person 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 Washington State Bar Association.

Signature of Applicant

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.