

WASHINGTON STATE BAR ASSOCIATION

Regulatory Services Department

Complete this form and upload to your online application.

AUTHORIZATION AND RELEASE FORM

I, (Authorized Person Name) _____,

(Business Title) _____,

(Name of Entity) _____,

having filed an application with the Washington State Bar Association (WSBA) to participate in the Washington Pilot Project for Entity Regulation, hereby apply for a character report to be prepared by the WSBA. I further consent to allow the WSBA, its agents, representatives, and volunteers to conduct an investigation as to my moral character and fitness for participation in the Washington Pilot Project for Entity Regulation. 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 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 any such information including but not limited to documents, records, charges or complaints filed against me or the above-referenced entity, formal or informal, pending or closed, or any other pertinent data related to the application for the Washington Pilot Project for Entity Regulation, and to permit the WSBA, or any of its agents, representatives, and volunteers to inspect and make copies of such documents, records and other information. To the extent permitted by law, I waive any confidentiality protections that may otherwise restrict the release of such information and agree to cooperate in facilitating the release of such information, including providing additional written authorization if requested by a third party.

I release, discharge and exonerate 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 the WSBA and its agents.

The validity, interpretation, construction and performance of this Authorization and Release Form will be governed by the laws of Washington State.

Signature of Authorized Person

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.