



Consent To Release Student Records
(Two original forms must be completed for each Law School attended.)

Full Name: _____

Student Identification Number: _____

I give the _____ permission to release the following documents:
(Name of Law School)

- Any application to the College of Law, including the "Personal Information Form" and the "New Student Application" or equivalent documents.
Any other information maintained in the institution's records, including but not limited to those of the Law School, which would be relevant to my general character and fitness, including any information that bears upon my character and fitness for admission to the practice of law. This consent includes, but is not limited to, any proceedings or dispositions alleging academic misconduct, dishonesty, or other violations of applicable student codes of conduct.

to the Idaho State Bar for the purpose of examination of my character and fitness to be admitted to practice law in the state of Idaho.

I would _____ would not _____ like a copy of all records disclosed under this release. If I do wish such records sent to me, they should be mailed by the institution to the following address:

Four horizontal lines for mailing address.

This consent to release records shall remain in effect until revoked by me in writing.

State of _____)
) ss.
County of _____)

Signature of Applicant

Subscribed and sworn to before me)
)
this _____ day of _____ 20____)

SEAL

My commission expires _____