

## **Consent To Release Student Records**

(complete one form for each Law School attended)

Full Name:	
Student Identification Number:	
I give the(Name of Law School)	permission to release the following documents:
<ul> <li>Any application to the College Student Application" or equiva</li> </ul>	of Law, including the "Personal Information Form" and the "New lent documents.
of the Law School, which wor information that bears upon m consent includes, but is not	ned in the institution's records, including but not limited to those ald be relevant to my general character and fitness, including any y character and fitness for admission to the practice of law. This limited to, any proceedings or dispositions alleging academic er violations of applicable student codes of conduct.
to the Idaho State Bar for the purpose practice law in the state of Idaho.	e of examination of my character and fitness to be admitted to
records sent to me, they should be mail	copy of all records disclosed under this release. If I do wish such ed by the institution to the following address:
This consent to release records shall ren	main in effect until revoked by me in writing.
State of	) ) ss. )
	Signature of Applicant
Subscribed and sworn to before me thisday of	) ) SEAL )
My commission expires	