



MINNESOTA BOARD OF LAW EXAMINERS APPLICATION FOR ADMISSION

180 East 5th Street, Suite 950
St. Paul, MN 55101

AUTHORIZATION AND RELEASE OF INFORMATION AND RECORDS

AND CONSENT TO DISCLOSURE OF SOCIAL SECURITY NUMBER

I, _____, born on _____
Name Date of Birth

At _____
City of Birth State of Birth Country of Birth

An applicant for admission to the Bar of Minnesota, hereby authorize, release, and consent to the following:

I hereby AUTHORIZE all persons, institutions and entities having knowledge or records pertaining to me, including, but not limited to creditors, consumer credit reporting services, current or former employers, courts, government agencies, and educational institutions to release to the Minnesota State Board of Law Examiners, its representatives, employees, and agents (MBLE), any information, opinions, records or consumer credit reports requested by the MBLE in furtherance of the investigation conducted in connection with my Minnesota bar application or my continuing obligation to update information in my Minnesota bar application. I hereby AUTHORIZE the provision of such information by any person or entity notwithstanding, and without waiving for any other purpose, any confidentiality requirement that may otherwise inure to my benefit and which I have authority to waive, whether provided by expungement, sealing of records, statute, regulation, confidentiality agreement, or any other source. I hereby AUTHORIZE any bar admissions or disciplinary authority to release to the MBLE any and all information or records pertaining to me, including but not limited to any educational, criminal, juvenile, employment, licensing, disciplinary, and medical records or information. I hereby AUTHORIZE the MBLE to RELEASE to my law school(s) my name and summary data, including pass/fail data, regarding my performance on the Minnesota Bar Exam. I hereby AUTHORIZE the MBLE to release all information provided by this application, and all other information received by the MBLE and believed by it to have a bearing upon my application, character and fitness to practice law, or compliance or noncompliance with any jurisdiction's rules of professional conduct, including the fact that I may have been admitted conditionally, to any investigatory or regulatory body or agency having jurisdiction over admission to the bar or the discipline of lawyers, or to other persons or entities as allowed by Rule 14 of the Rules for Admission to the Bar (Rules). I hereby RELEASE AND DISCHARGE the MBLE and any person, institution, or entity furnishing information, opinions, records or documents pursuant to this release from any and all liability of every nature and kind arising out of or relating to the furnishing of any such items related to my application to the bar.

For Veterans Only: Authorization for Release of United States Armed Forces Records

I hereby REQUEST and AUTHORIZE the Department of the _____ (Army, Navy, Air Force, Coast Guard) to release to the MBLE, the record of each period of my service therein, and to furnish the character of service rendered for each period.

Consent to Disclosure of Social Security Number

I hereby acknowledge and understand that disclosure of my Social Security number for the purpose of expediting completion of the investigation required by the Rules is voluntary. Disclosure of my Social Security number for this purpose helps the Board and its employees and agents, including the National Conference of Bar Examiners (NCBE), avoid errors of identity that may cause problems and delay in admission to the Minnesota bar or the bar of other jurisdictions. Declining to authorize the disclosure of my Social Security number for investigation purposes may delay the MBLE's review of my application for admission to the Minnesota bar and will prevent the transfer of my examination scores to another state. The MBLE will treat my Social Security number as confidential information pursuant to Rule 14.

I hereby CONSENT to the use of my Social Security number for purposes of the investigation and AUTHORIZE the MBLE, its employees, and its agents to disclose my Social Security number to the NCBE and any person, agency, and entity having control of any documents, records, or other information, including credit records, pertaining to me. I hereby AUTHORIZE the MBLE, its employees, and its agents to disclose my Social Security number to the NCBE's national cross-reference database of applicant information, accessible by bar admission authorities in other jurisdictions.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Signature of Applicant: _____ Dated: _____
mm/dd/yyyy