

State Bar of Nevada Authorization for Release of Information

State of Nevada
County of _____

The undersigned, a licensed attorney under consideration for appointment by the Governor of the State of Nevada to a position of trust and being fully cognizant of my responsibility to the public, the Bench, and the Bar of this State, do hereby:

- 1. Authorize the State Bar of Nevada (and the disciplinary authority of any other state in which the undersigned may have practiced law) to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by Nevada Governor Brian Sandoval (the Governor) or his authorized representative, and to give full and complete information regarding the undersigned in any of their files and permit the Governor or his authorized representative to inspect and make copies of any documents, records, or other information concerning the undersigned at any time whatsoever; and
- 2. Authorize the State Bar of Nevada and its Disciplinary Board to disclose to the Governor or his authorized representative all confidential disciplinary histories and records concerning the undersigned and to permit the Governor or his authorized representative to inspect and make copies of all such confidential records, disciplinary histories and related information; and
- 3. Waive all confidentiality to any disciplinary information for the purposes of this release; and
- 4. Release and exonerate the Governor, the State Bar of Nevada, and every other person, firm, officer, corporation, association, organization or institution which might be involved in complying with, or receiving information under this release made herein from any and all liability of every nature and kind growing out of or in any way pertaining to compliance with this release.

For the purpose of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

Date of Birth: _____ State Bar Number: _____

Printed Name of Person Waiving Rights

Signature of Person Waiving Rights

Date

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires