

DO NOT ALTER THESE FORMS

FORM 7A GENERAL
AUTHORIZATION AND RELEASE

Corrections/erasures VOID this form
Please Use Black or Blue Ink

NCBE Number

I, (Name)
born at (City), (State),
(COUNTRY), on (Date of Birth)

having filed an application for admission to the bar of Ohio, consent to have an investigation made as to my character, fitness, and moral qualifications for the practice of law. I further consent to have such information as may be received or obtained during an investigation reported to the National Conference of Bar Examiners ("NCBE"), to the Supreme Court of Ohio ("Court"), to the Board of Commissioners on Character and Fitness ("Board"), to the local bar association admissions committee ("Admissions Committee"), or to any of their respective agents or representatives. I agree to give to NCBE, the Court, the Board and the Admissions Committee or any of their respective agents or representatives any further information which may be required in reference to my past record. I understand that I am not entitled to have disclosed to me the information received or obtained during such investigation.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution, including health care professionals and institutions, having control of any documents, records and other information pertaining to me (including any confidential, sealed, or expunged records; medical records and records concerning advice, care or treatment provided to me relating to mental illness or chemical dependency; files of bar associations or disciplinary agencies regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data): (i) to furnish to NCBE, the Court, the Board, and the Admissions Committee, or any of their respective agents or representatives any such information; (ii) to permit NCBE, the Court, the Board and the Admissions Committee, or any of their respective agents or representatives to inspect and make copies of such documents, records and other information; (iii) to answer any inquiries, questions, or interrogatories concerning me which may be submitted by NCBE, the Court, the Board, and the Admissions Committee, or any of their respective agents or representatives; and (iv) to appear before the Court, the Board, the Admissions Committee, or any of their respective agents or representatives, and to give full and complete testimony concerning me, including any information furnished by me.

Enter Local Board Number only if applicable and the information is available
I specifically authorize NCBE, the Court, the Board, the Admissions Committee, and any of their respective agents or representatives to obtain any information from my official record on file with Local Board Number, and hereby consent to and authorize the release of such information by the Selective Service System.
I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to NCBE, the Court, the Board, the Admissions Committee, and any of their respective agents or representatives, information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214, Report of Separation.

I hereby release, discharge, and exonerate NCBE, the Court, the Board, the bar association, the Admissions Committee, and their respective agents and representatives, and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of NCBE, the Court, the Board, the bar association, the Admissions Committee, or any of their respective agents or representatives.

I understand that the released records may become public to the extent permitted by Gov. Bar R. I.
I authorize a copy of this Authorization and Release to be considered the same as my original.

Signature of Applicant
STATE/DISTRICT OF
COUNTY/PARISH OF
Subscribed and sworn to or affirmed before me this day
of, Year

Signature of Notary Public
My commission expires
Seal or stamp must be affixed to each original.