KANSAS BOARD OF LAW EXAMINERS AUTHORIZATION AND RELEASE

I,	born at	
,	on	(City)
(State)	(Date of Birth)	(Soc. Sec. No.)
as to my moral character, information as may be received I agree to give any further in	for admission to the Bar of Kansas, hereby c professional reputation and fitness for t ived, all of which will be reported only to the information which may be required in reference racter report are confidential.	the practice of law and such other he Kansas Board of Law Examiners.
physician, person, firm, com institution having control of of Law Examiners or the N records, including document reports, all criminal history in their agents or representative	nest every educational, or other institution, npany, corporation, governmental agency, pf any documents, records and other informational Conference of Bar Examiners to the sts, bar association files, medical records are records, and any other pertinent data so request to inspect and make copies of such documental Personnel Records Center, St. Louis, Monal Personnel Records Center, Monal Personnel Records Center, Monal Personnel Records Center, Monal P	police authority, court, association or ation requested by the Kansas Board furnish to them such information or nd physician's reports, credit history quested, and to permit them or any of ments, records and other information.
record to release to the Kans military personnel and relate	sas Board of Law Examiners any requested and medical records. This could include photomber and branch of the military were:	information or photo copies from my
representatives, the Kansas furnishing information from	e and exonerate the National Conference of Board of Law Examiners, their agents in liability arising out of the furnishing or inside investigation made by the National Conniners.	and representatives, and any party spection of such documents, records,
may be copied by the Kansa	am executing three originals of this docume as Board of Law Examiners and that said of er and for the same purpose as if they were	copies may be used and accepted as
I have read the foregoing doc of my own knowledge.	cument and have answered all questions. To	he answers are complete and truthful
	Signature of Applicant	t (SIGN IN BLUE INK)
)	
COUNTY OF Subscribed and sworn to before	e me this day of	
	N. P. I. (crov ov prup prv)	
My commission evnires	Notary Public (SIGN IN BLUE INK)	

2023 25