FORM C

## **AUTHORIZATION AND RELEASE**

Check One: Attorney Applicant Regular Applicant Government Applicant				Applying For: (if applicable) July Bar Exam February Bar Exam	
Applicant's Name:	Last	First		Middle	
Having filed an app	lication for a	admission to the Comr	monwealth (	of the Northern Mariana Islands	Bar
Association, I hereby give my	y consent for	a character report, and	to have an	investigation made as necessary a	as to
my moral character, profession	onal reputation	on and fitness for the p	practice of 1	aw, and such information as mag	y be
received, reported by the adm	itting authori	ty. I agree to give any i	information	which may be required in reference	ce to
my past record. I understand the	hat the conter	nts of my character repo	ort are privile	eged.	
association, or institution have furnish to the Supreme Courepresentatives, any such informal complaints filed against me,	ving control art of the Cormation, incorporation or informal or informal Island	of any documents, recommonwealth of the liculating documents, recommal, pending or closed lands or any of its agent	cords, and on Northern Micords, bar and ed, or any of	oration, governmental agency, conther information pertaining to make a sample of their agents association files regarding charge other pertinent data, and to permit antatives to inspect and make copies	and es or
custodian of my military reco	ords to release	e to the Supreme Cour	t of the Cor	nter, in St. Louis, Missouri or or mmonwealth of the Northern Mar nedical records, or only the follow	riana

This could include a copy of my DD For 214, Report of Separation.

FORM C

I hereby release, discharge, and exonerate the Supreme Court of the Commonwealth of the Northern Mariana Islands, its agents and representatives, the admitting authority of the jurisdiction, its agents and representatives, and any person 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 investigation made by the Supreme Court of the Commonwealth of the Northern Mariana Islands.

Signed:Applicant	Date:	
NOTARY		
Subscribed and sworn to before me this day of	, 20	
Notary Public for the Commonwealth/State of		
County of		
My Commission expires on	(Notary Seal)	