



APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 5—AUTHORIZATION TO RELEASE MEDICAL RECORDS

Please complete this form if you answered “Yes” to question 61 on the Determination Application, or question 58 on the Extension Application.

Name: _____ File Number: _____

Upon presentation of the original or a photocopy of this signed authorization,

I, _____
(Applicant's name)

authorize _____
(Name and address of institution or doctor)

to provide information, including copies of records concerning advice, care, or treatment provided to me relating to the use of drugs or alcohol only as it relates to _____ (misconduct) to representatives of the State Bar of California who are involved in conducting an investigation into my moral character for approval to practice law in the State of California. I understand that any such information as may be received will be reported only to the admitting authority.

I hereby release, discharge and exonerate the State Bar of California, its agents and representatives and

(Name and address of institution or doctor)

its agents and representatives 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 State Bar of California.

(Signature of Applicant)

Date

Witness

Witness