



Authorization for Release of Information
Rule 9.41.1 – Registered Servicemember Attorney / Servicemember Spouse Attorney

Applicant Name: _____

Other Names Used (if any): _____

Date of Birth: _____

Jurisdiction(s) Where Licensed to Practice Law: _____

Phone Number: _____ Email Address: _____

Pursuant to Rule 9.41.1 of the California Rules of Court, I am applying to be registered as a **Registered Servicemember Attorney** or **Registered Servicemember Spouse Attorney** with the State Bar of California. I understand that the State Bar is required to verify my eligibility, including my standing with the licensing authority of each jurisdiction where I am or have been licensed to practice law.

I hereby authorize the State Bar of California to contact and obtain information from any licensing authority, disciplinary agency, or other relevant entity in any jurisdiction where I am or have been licensed. This includes, but is not limited to:

- Confirmation of my current status and standing;
- Disclosure of any disciplinary history, pending investigations, or complaints;
- Verification of any resignation, suspension, or disbarment, or the absence thereof;
- Any other information relevant to my eligibility under Rule 9.41.1.

This authorization is valid for the duration of my application and registration under Rule 9.41.1 and may be used to obtain updated information as needed.

A photocopy or electronic copy of this authorization shall be as valid as the original.

Signature: _____ Date: _____