

10 NOTARIZED ORIGINALS OF THE WITHIN DOCUMENT MUST  
BE FILED WITH THE PETITION & REINSTATEMENT QUESTIONNAIRE

### AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, born at \_\_\_\_\_,  
(Name) (City) (State)

on \_\_\_\_\_, having filed a petition for reinstatement to the Bar of the Supreme  
(Date)

Court of Pennsylvania, consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and to have such information as may be received reported to the Office of Disciplinary Counsel of The Disciplinary Board of the Supreme Court of Pennsylvania, its agents, employees and representatives (hereinafter collectively known as "Disciplinary Counsel"). I agree to give any further information which may be required in reference to my past record.

I authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to Disciplinary Counsel any such information, including documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Disciplinary Counsel to inspect and make copies of such documents, records, and other information.

I specifically authorize Disciplinary Counsel to obtain the following:

a. Any information from my official record on file with local Board No. \_\_\_\_\_ of the Selective Service System, located in the City of \_\_\_\_\_, State of \_\_\_\_\_; and hereby consent to and authorize the release of such information by the Selective Service System.

b. I hereby request and authorize the Department of \_\_\_\_\_ (Army, Navy, Air Force) to furnish to Disciplinary Counsel the record of each period of my service in the \_\_\_\_\_ (Army, Navy, Air Force) and to furnish the character of service rendered for each period. My serial number was \_\_\_\_\_.

c. I hereby request and authorize the Federal Bureau of Investigation to release and furnish to Disciplinary Counsel any investigative records pertaining to me and further consent to having agents and/or employees of said Bureau discuss said file with Disciplinary Counsel.

d. I hereby request and authorize the Internal Revenue Service to release and furnish to Disciplinary Counsel true and correct copies of my federal personal income tax returns for the five tax years next preceding the date of the within authorization. I also authorize and consent to the release by the Internal Revenue Service of any tax return which I may have signed during said five years on behalf of a corporation, partnership or other business association. My social security number is \_\_\_\_\_.

e. I hereby request and authorize any state or local taxing authorities (to include income taxing authorities, personal property taxing authorities, wage taxing authorities, school income taxing authorities and such other taxing bodies as may receive returns from me) to furnish to Disciplinary Counsel any and all tax returns I have filed during the five tax years next preceding the date of the within authorization. My social security number is \_\_\_\_\_.

I hereby release, discharge and exonerate Disciplinary Counsel and any person furnishing information pursuant to the within authorization, from any and all liabilities of every nature and kind arising out of the furnishing of or inspection of documents, records, and other information released to or the investigation made by or on behalf of Disciplinary Counsel.

I certify that I have read the foregoing document and have answered all questions fully, frankly and precisely. The answers are complete and are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn to and subscribed  
before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public