



The  
**DISCIPLINARY BOARD**  
*of the Supreme Court of Pennsylvania*

**WAIVER OF CONFIDENTIALITY**

Name: \_\_\_\_\_

PA Attorney ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize every grievance or disciplinary agency in any jurisdiction to which I have been admitted to the practice of law to make full and complete disclosure to the Office of Disciplinary Counsel of the Disciplinary Board of the Supreme Court of Pennsylvania of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

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