# AUTHORIZATION TO RELEASE INFORMATION TO THE DISTRICT OF COLUMBIA JUDICIAL NOMINATION COMMISSION

I hereby authorize any investigator, employee, or member of the District of Columbia Judicial Nomination Commission (DCJNC) or member bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to arrest records, attorney disciplinary records, medical records, credit records, tax records, education, and/or employment records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the DCJNC and may be shared with the Office of the President in connection with my application for judgeship. The information may not otherwise be disseminated to third parties without my written permission.

I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, tax office, credit bureau or consumer reporting agency, law enforcement or intelligence gathering agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

| | |
|---|---|
| **Full Legal Name** | |
| **Other Names Used** | |
| **Social Security Number** | |
| **Date of Birth** | |
| **Place of Birth** | |
| **Current Home Address** | |
| **Home Telephone Number** | |
| **Office Telephone Number** | |
| **Cellular Telephone Number** | |
| **Name of Spouse** | |
| **Spouse's Social Security Number** | |

Full Name: _____

(*Signature*)

Date: _____