AUTHORIZATION AND RELEASE

I, (Applicant's Name) _____, born on (date of birth) _____

at (City, State and Country of birth) _____

am applying for admission to become a Licensed Legal Paraprofessional (LLP) in Colorado, hereby authorize, release, and consent to the following: I authorize and give my consent to the Colorado Supreme Court Office of LLP Admissions, its agents, employees, and representatives, to conduct an investigation as to my character and fitness for LLP practice of law, and to request such information and make inquiries of third parties as the Office of LLP Admissions deems necessary in its sole discretion. I further authorize the use of any such information in the course of the Office of LLP Admissions' investigation and evaluation of my character and fitness. I understand that the contents of my character and fitness investigation are confidential and that I will not receive, and am not entitled to, a copy of the investigation or to know its contents.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association, educational and /or other institution having control of any documents, records, and other information pertaining to me, to furnish to the Office of LLP Admissions 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. I also permit the Office of LLP Admissions or any of its agents or representatives to inspect and make copies of such documents, records or other information, and on its own volition or in response to any inquiry from any agency of the Colorado Supreme Court or of any other jurisdiction at any time in the future, to furnish to such agency information, documents, or records contained in my file. The records, however, will not include any information with respect to non-public juvenile offenses unless otherwise authorized for release.

I acknowledge and understand that pursuant to the Federal Privacy Act of 1974, disclosure of my Social Security Number (SSN) is voluntary. The Office of LLP Admissions will use my SSN as necessary to avoid errors of identity and to expedite completion of the admission's investigation. I consent to the disclosure by the Office of LLP Admissions of my SSN to such entities, agencies, and persons having control of records or other information, including credit and tax records that require my SSN in order to identify me.

I agree that the Office of LLP Admissions, and its members, employees, and agents shall be immune from all civil liability for damages for conduct and communications occurring in the performance of and within the scope of their official duties relating to the examination, character and fitness qualification, and licensing of persons seeking to be admitted to the practice of law. Records, statements of opinion and other information regarding an applicant for admission to practice as an LLP communicated by an entity, including any person, firm or institution, without malice, to the Office of LLP Admissions, or to its members, employees or agents, are privileged, and civil suits for damages predicated thereon may not be instituted. Rule 202.5 C.R.C.P.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record to release to the Office of LLP Admissions information or photocopies from my military personnel and related medical records. This could include a photocopy of my Form DD214, Report of Separation.

I authorize and direct any consumer-reporting agency to furnish a copy of my credit report to the Colorado Supreme Court Office of LLP Admissions for the purpose of conducting a character and fitness investigation.

For the purpose of this release, the undersigned gives permission to use a photocopy of their signature on this form as an original signature.

_____

Signature of Applicant

State of_____)
) ss.
County of_____)

On this _____ day of _____, in the year of _____before me, (Notary's Name) _____

personally Appeared (Applicant's Name) _____ ☐ personally known to me

or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

Notary's Signature: _____

Notary's Address: _____

(SEAL)

_____

My commission expires on _____

Rev. 10/2023