

Pennsylvania Board of Law Examiners
601 Commonwealth Ave., Suite 3600
P.O. Box 62535
Harrisburg, PA 17106-2535



Phone (717) 231-3350
Fax (717) 231-3351
www.pabarexam.org

Authorization and Release

I, (Name) _____, born in (City) _____,
(State) _____, (Country) _____ on (Date) _____, having filed an
Application for Permission to Sit for the Pennsylvania Bar Examination and for Character and Fitness Determination under Pa.B.A.R. 203/205, consent to have an investigation made as to my moral character, professional reputation, and fitness for the practice of law and have such information, as may be available regarding the same, reported to the Pennsylvania Board of Law Examiners. I agree to provide any further information that may be required concerning my past record. 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 further understand that the contents are privileged.

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 Pennsylvania Board of Law Examiners 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 Pennsylvania Board of Law Examiners 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 an inquiry from any agency of the Supreme Court of Pennsylvania or of any other jurisdiction at any time in the future, to furnish to such agency information, documents, or records contained in my file.

I authorize and direct any consumer-reporting agency to furnish a copy of my credit report to the Pennsylvania Board of Law Examiners for the purpose of conducting a character and fitness investigation.

I hereby release, discharge, and exonerate the Pennsylvania Board of Law Examiners, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by or on behalf of the Pennsylvania Board of Law Examiners.

State of: _____

County of: _____

Subscribed and sworn to or affirmed before me this
_____ day of _____, 20__.

Notary Public

—

My commission expires
Seal or stamp must be affixed.

Signature of Applicant

Last 4 digits of your Social Security Number

Street Address

City, State, Zip Code

Home Telephone Number (required)

Business or Cellular Telephone Number (optional)

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Electronic Application Verification

I hereby acknowledge that this Application for Permission to Sit for the Pennsylvania Bar Examination and for Character and Fitness Determination under Pa.B.A.R. 203/205 is a continuing application, and that I have an obligation to keep my responses to the questions current, complete and correct by filing timely amendments until the date of my admission to the bar of the Commonwealth of Pennsylvania. I understand that an amendment is considered timely when made no later than 10 days after any occurrence that would change, or render incomplete, any answer on my bar application. I certify that my purpose for taking the Pennsylvania Bar Examination is for admission purposes only. I further certify that I will not share the content of the Multistate Bar Examination with any individual, organization or agency.

I understand that the following **initiating documents** must be submitted to the board office in order to activate my submitted electronic application:

1. One completed, signed and dated *Authorization and Release*;
2. **A certified check, cashier's check, law firm check, corporate check or money order for the total of all appropriate fee amounts made payable to "PA Board of Law Examiners." Personal checks will not be accepted.**
3. If applicable, a Nonstandard Testing Accommodations application.

Mail all documents and correspondence to:

Mailing Address Via Postal Service
(Certified/First Class/Priority/Express Mail
Pennsylvania Board of Law Examiners
PA Judicial Center
601 Commonwealth Ave., Suite 3600
P.O. Box 62535
Harrisburg, PA 17106-2535

Physical Address
(Overnight Deliveries via DHL, FedEx, UPS, etc.)
Pennsylvania Board of Law Examiners
PA Judicial Center
601 Commonwealth Ave., Suite 3600
Harrisburg, PA 17120-0901

In addition, I understand that it is the postmark date of my **initiating documents** that determine my fees.

I verify that the statements of facts made by me in this electronic application are true and correct, and that they are made subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to my electronically filed Pa.B.A.R. 203/205 application.

Signature: _____

Date: _____