



OFFICE OF THE REGISTRAR
YALE LAW SCHOOL
 127 Wall Street
 New Haven, CT 06511

B a r E x a m i n e r R e l e a s e F o r m

- PURPOSE:** Gives the Registrar's Office permission to release information requested by the National Conference of Bar Examiners and/or the state bars in accordance with your application.
- INSTRUCTIONS:** Complete, sign, and return to the Registrar's Office.
- VALID UNTIL:** Considered valid until such time as a written request canceling it is received by the Registrar's Office.

Student Information

Last Name: _____ First Name: _____
 Student ID#: _____ Class Year: _____

I plan to sit for a bar exam within two years of graduating.
 I do not plan to sit for a bar exam at this time.

Authorization and Release

I hereby authorize the Yale Law School to release any information request by the National Conference of Bar Examiners and/or the state bar(s) listed below in accordance with my application. This may include an investigation made as to my moral character, professional reputation, fitness for the practice of law, transcript of grades, and any other information as may be required.

State Bar: _____ Month (July/February): _____ Year: _____
 State Bar: _____ Month (July/February): _____ Year: _____
 State Bar: _____ Month (July/February): _____ Year: _____

This authorization is to be considered valid until such time as a written request canceling it is received by the Registrar.

Student Signature: _____ Date: _____

Post-Graduation Contact Information

Email address: _____
 Telephone: _____ mobile landline

OFFICE USE

Date Processed: _____

Staff _____