## **STATE BAR OF TEXAS**



## **Authorization to Release Disciplinary Records**

I authorize the Office	of the Chief D	isciplinary Co	ounsel of the S	tate Bar of Tex	as to releas	e all
public and confidentia	al records pertai	ning to me to	the Membersh	ip Department	of the State	Bar
of Texas. This requ	est includes di	ismissed and	pending griev	vances and/or	complaints	and
documents pertaining	to confidential	sanctions. I re	lease the State I	Bar of Texas an	d its employ	ees,
agents or representativ	ves from any an	d all liability a	arising out of th	ne transfer of the	ese records.	
Full Name			Signature			
Bar Number			Date Signed			
My name is			CLARATION  (Middle)		(L	ast),
			address is			eet),
I declare under penalt	y of perjury that	t the foregoing	g is true and con	rrect.		
Executed in	(County), State of				, or	ı the
	(month),					
			Signature			