## PLEASE RETURN COMPLETED FORM TO (email preferred):

Office of Professional Conduct <u>opc@opcutah.org</u> 645 S 200 E Salt Lake City, UT 84111

## AUTHORIZATION FOR RELEASE OF DISCIPLINARY HISTORY

Pursuant to Rule 11-561(a)(1) of the Supreme Court Rules of Professional Practice, I, \_\_\_\_\_\_\_(full name), Utah State Bar No. \_\_\_\_\_\_, hereby expressly and in writing waive confidentiality and request the Office of Professional Conduct to provide a complete report of my disciplinary history to the following:

Email: Email Address:

OR

\_\_\_\_\_Mail Mailing Address:

Signature of Attorney

STATE OF \_\_\_\_\_) :ss COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_\_ and proved to me through satisfactory evidence of identification on the to be the person whose name is signed above in my presence and acknowledge to me that he/she has read and understands the contents hereof.

Notary Public

Residing at:

My commission expires: