

Release

I, _____ pursuant to Rule 14-515(a)(1) of the Rules of Lawyer Discipline and Disability hereby expressly in writing waive confidentiality and request that the Office of Professional Conduct provide a complete report on my grievance history.

- I request a copy of any and all complaints and/or information submitted to the Office of Professional Conduct against me. I also agree to pay \$10 per hour in addition to \$.25 per page for copying this information and \$10 per VHS copy and \$15 per DVD copy.
- I will pick up the file in person and show proper identification.

Or

- I authorize _____ to pick up this information for me, who will show proper identification.

Or

- I authorize the Office of Professional Conduct to mail this information to the following address:

Signature of Attorney

Acknowledged before me this ____ day of _____, 200_.

Notary Public
Residing in _____ County, _____

My Commission Expires:

Please return release to:
Jonathan Laguna
Office of Professional Conduct
Utah State Bar
645 S. 200 E.
Salt Lake City, UT 84111
801-297-7045 phone/801-531-9912 fax
Jonathan.Laguna@Utahbar.org