

**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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public  
Residing in \_\_\_\_\_ County,  
My Commission Expires:

\_\_\_\_\_

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