

PLEASE RETURN TO:

Office of Professional Conduct
UTAH STATE BAR
645 South 200 East
Salt Lake City, Utah 84111
Telephone: 801-531-9077
Fax: 801-531-9912
Email: opcstaff@utahbar.org

GENERAL AUTHORIZATION, WAIVER AND RELEASE

I, _____, pursuant to Rule 14-515(a)(1) of the Rules of
(print name)
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 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

STATE OF _____)

:ss

COUNTY OF _____)

On this ____ day of _____, 20____, personally appeared before me _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed above and acknowledged to me that he/she has read and understands the contents thereof.

NOTARY PUBLIC
Residing at: _____

My Commission Expires:
