

PLEASE RETURN TO:

Office of Professional Conduct
645 South 200 East
Salt Lake City, Utah 84111
Telephone: 801-531-9110
Fax: 801-531-9912
Email: opc@opcutah.org

GENERAL AUTHORIZATION, WAIVER AND RELEASE

I, _____, pursuant to Rule 14-515(a)(1) of the Rules of
FIRST & LAST NAME, BAR NUMBER
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 _____)

COUNTY OF _____) :SS

On this ___ day of _____, 20___, before me, _____, personally appeared
_____, proved to me through satisfactory evidence of identification, which was,
_____, to be the person whose name is signed above in my presence and
acknowledged to me that he/she has read and understands the contents thereof.

NOTARY PUBLIC

Residing at: _____

My Commission Expires:
