

Name (last, first, middle): _____

Hamline ID: _____ Date Of Birth: _____ Previous Name: _____

Graduation Date (month & year): _____

I hereby authorize Hamline University, its faculty, employees, representatives or agents, to furnish any student records, documents and any other information pertaining to me, including but not limited to admission application statements and materials, certification of graduation, transcripts, records regarding honor code violations, complaints filed against me, disciplinary actions and any other data which may be pertinent to an investigation of my character and fitness to practice law to the Boards of Law Examiners/State Bars/Equivalent Licensing Agencies for the states and examination dates indicated below. I request and authorize said Boards of Law Examiners/State Bars/Equivalent Licensing Agencies to inspect all such student records, documents and information, and to communicate to Hamline University, its faculty, employees, representatives or agents, any and all information in connection with said examinations, including, but not limited to, information regarding my application to take specific examinations, examination results, petitions to be admitted to practice law, and admission to practice law in said states.

I hereby release, discharge and exonerate Hamline University, its faculty, employees, representatives and agents, and the Boards of Law Examiners/State Bars/Equivalent Licensing Agencies identified below from any and all liability arising from the release of information and communications pursuant to this authorization.

State		State		State	
Alabama	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Ohio	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Maine	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	Oregon	<input type="checkbox"/>
California	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Illinois	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Washington	<input type="checkbox"/>
Indiana	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Iowa	<input type="checkbox"/>	New York	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Kansas	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>

Signature: _____ Date: _____

Sign in ink, or draw your signature with a mouse or touchscreen device. Typed signatures are not accepted.

Return completed form:

- In person to Student Administrative Services, East Hall 113
- By mail to Hamline University Registration and Records MS-A1750, 1536 Hewitt Ave, St. Paul MN 55104-1248
- By email to registrar@hamline.edu
- By fax to 651-523-2585