

Informed Consent Form  
National Conference of Bar Examiners  
302 South Bedford Street  
Madison, WI 53703  
608-280-8550

Date: \_\_\_\_\_

The following individual has made an application with this agency for a character and fitness check.

Last Name of Applicant (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Middle (full)(please print): \_\_\_\_\_

Maiden, alias or Former (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_  
Month/Day/Year

Social Security Number (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The National Conference of Bar Examiners for the purpose of a character and fitness check with this agency.

The expiration date of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant (Sign in Black Ink)

\_\_\_\_\_  
Date

Subscribed and Sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_

\_\_\_\_\_  
*Notary Public (Sign in Black Ink)*

My Commission Expires: \_\_\_\_\_

Seal or Stamp must be affixed.