

AUTHORIZATION TO RELEASE INFORMATION

(Form must be notarized)

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Chief Judge of the Superior Court of the District of Columbia bearing the release or copy thereof, within six months of its date, to obtain any information in your files pertaining to arrest records, lawyerly disciplinary records, medical records, credit records, D.C. tax records, and educational records including, but not limited to, academic achievement, and attendance. I hereby direct you to release such information upon request to bearer. This release is executed with full knowledge and understanding that the information is for the official use of the District of Columbia Superior Court Committee on the Selection and Tenure of Magistrate Judges and may not be disseminated to third parties without my written permission. I hereby release you, as custodian of such records, and any school, college university, or other educational institution, hospital, or other repository of medical, or tax records, credit bureau or consumer reporting agency, law enforcement or intelligence gathering agency including its officers, employees, or related personnel, both individually, and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. **I hereby authorize the Office of the Chief Financial Officer, Office of Tax and Revenue, access to review and research my taxes for the past five years.** I further authorize the Office of Tax and Revenue to release my tax information to an authorized representative of the Chief Judge of the Superior Court of the District of Columbia. If I am not in compliance, I further authorize the Office of Tax and Revenue to inform the authorized representative whether or not I am maintaining a payment agreement. I further understand that the information received from the Office of Tax and Revenue pursuant to this release will be placed in a file to be maintained by the Superior Court and is not subject to dissemination to any individual outside the office of the Chief Judge of the Superior Court of the District of Columbia. You may contact me as indicated below:

FULL NAME: _____

(Signature)

FULL NAME: _____

(Typed or Printed)

CURRENT ADDRESS: _____

SOCIAL SECURITY NO.: _____

D.C. BAR NO.: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

Signed and sworn before me this _____ day of _____, 202_.

DC Notary Public

My commission expires: _____