

**Illinois Board of Admissions to the Bar
625 S. College Street
Springfield, IL 62704
Tel: 217-522-5917
Fax: 217-522-3728: 9327**

Authorization to Release and Exchange Information

I authorize the individual and/or entity named below to release and to exchange information with the Illinois Board of Admissions to the Bar, and with the Board's medical and psychological consultants. The purpose of this authorization is to provide information for the determination of eligibility for nonstandard testing accommodation on the Illinois Bar Examination and/or for the determination of fitness to practice law in the State of Illinois. Specifically, this authorization permits the release and exchange of all aspects of my medical, psychological, legal, educational, employment and social history, including but not limited to psychological test records, laboratory results, mental status examinations, symptom reviews, life history, current and past substance use, medical treatment, criminal behavior, and employment. It is further understood that the exchange of information may occur via regular or special delivery mail, electronic mail, facsimile transmission and/or telephone. This authorization will expire 180 days from the date of signature and may be withdrawn at any time by writing the Illinois Board of Admissions to the Bar.

Name of Individual or Entity to Whom Authorization is Granted

Street address

City, state, zip

Email address

Phone number

number

Alternate phone

Fax number

The confidentiality of information disclosed pursuant to this authorization is protected by Federal and State law. Further disclosure without specific written consent is prohibited. Regarding drug and/or alcohol abuses, federal law (Regulation 42CJE Part 2) prohibits further disclosure of information without specific written consent. A general authorization for the release of medical or other information is not sufficient for this purpose. Any unauthorized disclosure is punishable by not more than \$500 for the first offense and not more than \$5000 for each subsequent offense. Confidential information may only be disclosed without the informed written consent of an applicant when the disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the applicant on himself/herself or on another person, or under certain other circumstances that require the reporting of information according to applicable laws (e.g., child endangerment).

Applicant name

Previous applicant name if applicable

Date of Birth

Street
address

City, state,
zip

Email address

Phone number

Alternate phone
number

Fax number

Date of execution

Signature of applicant