

**DO NOT ALTER THESE FORMS**  
**Corrections/erasures VOID this form**  
**Please Use Black or Blue Ink**

**FORM 7C**  
**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ authorize  
*(Full Name of Applicant)*

\_\_\_\_\_  
*(Name and Address of Program, Institution, or Person Making Disclosure)*

to disclose to the National Conference of Bar Examiners, the Supreme Court of Ohio, the Board of Commissioners on Character and Fitness of the Supreme Court of Ohio, the Bar Admissions Office of the Supreme Court of Ohio, and the local Admissions Committee responsible for processing my application for admission to the practice of law, their agents or representatives, information, including copies of records, concerning advice, care or treatment given me regarding my mental health, and I further authorize any inquiries, questions or interrogatories concerning me, and authorize the appearance and testimony concerning my mental health before the Board of Commissioners on Character and Fitness of the Supreme Court of Ohio, or the local Admissions Committee or any agent or representative, as requested by those organizations.

The purpose of this authorized disclosure is to provide information to assist these organizations in their investigation of my character and fitness for admission to the practice of law in the State of Ohio. I am aware that covered entities may have obligations under HIPAA.

I further authorize any of the agencies listed in this authorization who have received information pursuant to this authorization to release it to any of the other agencies listed in this authorization.

I understand that the released records may become public to the extent permitted by Gov. Bar R. I.

I authorize a copy of this Authorization to Release Records to be considered the same as my original.

\_\_\_\_\_  
*Signature of Applicant* *Date*

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

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

of \_\_\_\_\_, \_\_\_\_\_  
*Month* *Year*

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.

The National Conference of Bar Examiners is aware of HIPAA requirements.