

Annual Audit: Specialist Certification: Verification and Release

Print or type information.

Lawyer Applicant Name

VERIFICATION AND RELEASE

I have carefully read the foregoing and certify that the information is true. I fully understand that failure to make a truthful disclosure of any fact or item of information required may result in decertification. Further, I authorize all persons, firms, officers, corporations, associations, organizations, educational institutions, governmental agencies and instrumentalities (including bar associations, bar examiners, and boards of professional responsibility), employers, references, business and professional associates (past and present) to release to the Minnesota State Bar Association Criminal Law Certification Board, the Minnesota State Bar Association staff, and the Minnesota State Board of Legal Certification, all relevant documents, records or other information that may be requested in the investigation of my continuing satisfaction of the standards for certification.

Date: _____

Signature of Board Certified Specialist

Printed Name of Board Certified Specialist