



# PUYALLUP TRIBAL COURT

## PUYALLUP TRIBE OF INDIANS



### AUTHORIZATION AND RELEASE FORM

I, \_\_\_\_\_, born at \_\_\_\_\_, \_\_\_\_\_,  
Name City State

on \_\_\_\_\_, having filed an application for admission to the **Puyallup Tribal Court Bar**, hereby consent to  
Date

have an investigation made as to my moral character, professional reputation and fitness for the practice of law.

I authorize and request every person, firm, company, corporation, governmental agency, professional admission or licensing agency, hospital or medical facility or institution having control of any documents, records and other information pertaining to me, including records pertaining to any kind of medical treatment and/or drug or alcohol treatment, to furnish to the Puyallup Tribal Court any such information, including documents, records, reports, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Puyallup Tribal Court or its agents to inspect and make copies of such documents, records, and other information. I further authorize the Puyallup Tribal Court to release information pertaining to my application as necessary to conduct and complete its investigation.

I understand that I will not receive and am not entitled to copies of the character and fitness report or reference forms, or to know their contents.

I hereby request and authorize the following jurisdiction(s) to furnish to the Puyallup Tribal Court my current standing and disciplinary record *(if any)*.

Jurisdiction	Identification No.

Jurisdiction	Identification No.

I hereby release, discharge and exonerate the Puyallup Tribal Court, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Puyallup Tribal Court.

**\*\* DO NOT SIGN UNTIL DIRECTED TO DO SO BY THE NOTARY PUBLIC \*\***

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief.*  
 Puyallup Tribal Code § 5.12.1180.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Puyallup Tribal Court Bar No. (if applicable)

/s/ \_\_\_\_\_  
Print Name – Party Electronic Signature

\_\_\_\_\_  
Date

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.  
Date Affiant

Notary \_\_\_\_\_  
Signature

Notary Public in and for the  
 State of: \_\_\_\_\_  
 County of: \_\_\_\_\_ My  
 commission expires: \_\_\_\_\_

*Affix stamp or seal*