

FLORIDA BOARD OF BAR EXAMINERS

Administrative Board of the Supreme Court of Florida
1891 Eider Court
Tallahassee, Florida 32399-1750
(850)487-1292

Michele A. Gavagni
Executive Director

2nd Request

FILE NO.
DATE: 02/01/2010

Nova Southeastern University
Dean of Students
3301 College Ave.
Ft. Lauderdale, FL 33314

NAME:
A/K/A or F/K/A:
SSN:
DATE OF BIRTH:
DATE OF ATTENDANCE:

You are being contacted as an official of a school attended by the above-named applicant who is seeking admission to The Florida Bar. Your opinion and/or recorded facts relating to the applicant's moral character and general reputation are solicited. The Board investigates the background of all applicants for admission to the bar. The applicant has authorized sources to cooperate by making information available to the Board and has released and exonerated all sources from any and all liability of every nature and kind pertaining to the furnishing of information to the Board. This form was developed to facilitate your reply; however, if you prefer to write a personal letter, please attach it to this inquiry form (that contains a bar code for automated receipt of your response) and return both documents.

1. Please check yes or no below:

- Yes NO a. Do you know the applicant? Length of time: ___ years Relationship: _____
- Yes No b. Would you recommend the applicant for a position of trust? If no, please state reasons below.

2. Please check yes or no below. If your answer to either is no, provide a short summary of details below.

- Yes No a. Is the applicant honest?
- Yes No b. Is the applicant thorough in fulfilling obligations?

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NOVA-REGISTRAR

3. Please check yes or no below. If your answer to any is yes, provide a short summary below. To your knowledge has the applicant:

- Yes No a. been accused of a violation of the honor code or student conduct code, warned, placed on scholastic, or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subjected to discipline for academic or personal conduct reasons by any educational institution?
- Yes No b. been a party to legal or administrative proceedings?
- Yes No c. been charged with, arrested for or convicted of any traffic or criminal offense?
- Yes No d. been accused of a violation of trust?
- Yes No e. been denied admission to the Bar of any other state?
- Yes No f. had a pattern of unexcused absences from school or work?
- Yes No g. demonstrated violent or disruptive behavior?
- Yes No h. been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?
- Yes No i. been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism?
- Yes No j. been treated or received a diagnosis during the last 5 years for any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism?
- Yes No k. had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?
- Yes No l. been delinquent in any financial obligations?

4. Please list the names, addresses and occupations of other persons who may have knowledge of this applicant.

	Name	Occupation	Address, City, State, Zip
a.	_____	_____	_____
b.	_____	_____	_____

The Board sincerely appreciates your cooperation in completing this form and assures you that the information furnished by you will be revealed only in accordance with the Rules of the Supreme Court Relating to Admissions to the Bar.

The information furnished by me is true and correct to the best of my knowledge and belief.

Date: _____ Name: _____ Title: _____

Enclosure: Return Envelope
Authorization and Release



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Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



AUTHORIZATION & RELEASE

Re: Application of _____
Name of Applicant or Registrant

TO WHOM IT MAY CONCERN:

Having filed an application with the Florida Board of Bar Examiners, I hereby authorize and request every person, official, representative of a firm, corporation, association, organization or institution (collectively the "Authorized Persons") having control of any documents, records or other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the Board or any of its representatives and to permit the Board or any of its representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, records of disciplinary proceedings (whether nonjudicial punishment or courts martial) or records regarding my release from the military service (including an undeleted copy of my DD Form 214) to the Board or to the Board's authorized medical representative.

I hereby further authorize the Authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the Board or its authorized representative and to appear before the Board or its authorized representative and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the Board or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing, except as provided by Rule 1-60 of the Rules of the Supreme Court Relating to Admissions to the Bar.

I hereby release, exculpate and exonerate the National Personnel Records Center and all Authorized Persons that comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Florida Board of Bar Examiners.

I understand that this Authorization and Release shall be effective until I have received registrant clearance from the Florida Board of Bar Examiners, and continue in effect through the conclusion of any term of Certified Legal Internship that may result; and/or until I have been admitted to The Florida Bar for 12 months pursuant to Rule 5-14, or until the end of any extension of that 12-month period granted by the Supreme Court of Florida. A copy of this Authorization and Release shall be as authentic as the original.

State of _____ County of _____
Signature of Applicant or Registrant

Sworn to and subscribed before me this _____ day of _____

NOTARY PUBLIC-STATE OF FLORIDA



Shari Clifford

Signature and Seal of Notary Public

Commission # DD845966

Expires: FEB. 04, 2013

Name of Notary Public (typed, printed or stamped)

Check one: Personally Known OR Produced ID

Type of Identification Produced

BONDED THRU ATLANTIC BONDING CO., INC.

CERTIFICATION

The Florida Board of Bar Examiners certifies that authority to use this Authorization and Release form has not expired under the provisions of the Rules of the Supreme Court Relating to Admissions to the Bar and has not been revoked by the applicant.

Date: _____

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THE FLORIDA BOARD OF BAR EXAMINERS

By: _____