

PLEASE RETURN TO:

Office of Professional Conduct  
645 South 200 East  
Salt Lake City, Utah 84111  
Telephone: 801-531-9110  
Fax: 801-531-9912  
Email: opc@opcutah.org

**GENERAL AUTHORIZATION, WAIVER AND RELEASE**

I, \_\_\_\_\_, pursuant to Rule 11-561(a)(1) of the Rules of  
FIRST & LAST NAME, BAR NUMBER  
Discipline, Disability, and Sanctions hereby expressly, in writing, waive confidentiality and request that the  
Office of Professional Conduct provide a complete report on my grievance history.

I will pick up the file in person and show proper identification.

Or

I authorize \_\_\_\_\_ to pick up this information for me, who will  
show proper identification.

Or

I authorize the Office of Professional Conduct to **email** this information to the following address:

\_\_\_\_\_ doriss@utcourts.gov \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) :SS

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, \_\_\_\_\_, personally appeared  
\_\_\_\_\_, proved to me through satisfactory evidence of identification, which was,  
\_\_\_\_\_, to be the person whose name is signed above in my presence and  
acknowledged to me that he/she has read and understands the contents thereof.

\_\_\_\_\_  
NOTARY PUBLIC

Residing at: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_