

UTAH STATE BAR
FORM F
Medical/Healthcare Information Release
To be signed and notarized by Applicant

A copy of this signed and notarized Form must be provided to each individual who completes Form(s) A-E. In addition, a copy must be uploaded with the application.

I, _____, hereby authorize, the professionals and/or facilities listed below to furnish and discuss with Utah State Bar agents or representatives any information in his/her/its possession relevant to my request for accommodation of the Utah State Bar examination.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until such time as the Utah State Bar completes its evaluation of my application to the Utah State Bar. I release above named treatment professional/facility and the Utah State Bar and its agents and representatives from any liability associated with the disclosure of confidential or privileged medical/healthcare information.

Names, addresses and phone numbers of professionals/facilities:

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By signing this release, I represent that I have read the information, understand it, and agree with the authorization I now make.

(Signature)

(Date)

State of _____)
County of _____)

On this ____ of _____, 20__, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on this Medical/Healthcare Information Release Form, and acknowledged to me that he/she has read and understands the contents thereof and that he/she signed it voluntarily for its stated purpose.

Residing at: _____

My Commission Expires: _____

NOTARY PUBLIC