

**THE NATIONAL COLLEGE FOR DUI DEFENSE, INC. AUTHORIZATION TO CONDUCT  
PERSONAL INVESTIGATION AND RELEASE FOR BOARD CERTIFICATION**

I, \_\_\_\_\_, having filed an application for **Board Certification** hereby authorize and give my consent to The National College for DUI Defense, Inc., including, but not limited to, its Committee on Certification, (hereinafter collectively referred to as the "National College"), to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the sole discretion of the National College is necessary to such investigation. I further authorize the use of any such information in the course of the National College's investigation and evaluation of my application for **Board Certification**. I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including, but not limited to, criminal history and record information), or data pertaining to me, to reveal, furnish and release to the National College, or any of its agents or representatives, such opinions, knowledge, information, documents, records or other data.

Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding all undergraduate, graduate or professional school records relating to my admission to, and conduct during my enrollment in such schools. I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning me, which may be submitted to them by or on behalf of the National College.

I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release. Notwithstanding any statement herein to the contrary, this Authorization and Release shall not operate to release any medical or mental health records relating to alcohol, drug or chemical dependency. I hereby release, discharge and hold harmless the National College, its agents or representatives and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection,

and the use of such opinions, knowledge, documents, records or other data. A photocopy of this authorization shall be accepted with the same validity as the original.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that \_\_\_\_\_ appeared in person, and before me signed the above Authorization to Conduct Personal Investigation & Release, under penalties for perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.