

RELEASE FORM

To: The Attorney Grievance Committee for the Third Judicial Department

I, _____ (Please print name), hereby consent to the release by the Attorney Grievance Committee for the Third Judicial Department to the Capital District Women's Bar Association Committee on the Judiciary, solely for the Committee on the Judiciary's use in the evaluation and rating of candidates for the Office of Justice of the Supreme Court, of information related to the making, investigation and determination of complaints against me handled by the Attorney Grievance Committee, including letters of private discipline and letters of education or advisement, but excluding information related to complaints which were dismissed and/or closed by the Attorney Grievance Committee.

Date

Signature