



## Georgia Office of Bar Admissions

### AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FORM D

I authorize the individual and/or entity named below to release and exchange information with the Georgia Board of Bar Examiners and with the Board's medical and psychological consultants. The purpose of this authorization is to provide information for the determination of eligibility for nonstandard testing accommodation(s) on the Georgia Bar Examination. Specifically, this authorization permits the release and exchange of all aspects of my medical, psychological, legal, educational, employment, and social history, including but not limited to psychological test records, laboratory results, mental status examinations, symptom reviews, life history, current and past substance use, medical treatment, criminal behavior, and employment. It is further understood that the exchange of information may occur via regular or special delivery mail, electronic mail, facsimile transmission, and/or telephone. This authorization will expire 180 days from the date of signature and may be withdrawn at any time by emailing [TestingAccommodations@gasupreme.us](mailto:TestingAccommodations@gasupreme.us).

Name of individual or entity to whom authorization is granted

Street Address

City, State, Zip

Email Address

Phone Number

Applicant Name

Previous Applicant Name (if Applicable)

Applicant's Email Address

Applicant's Phone Number

Date of Execution

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Signature of Applicant