



**AUTHORIZATION FOR THE RELEASE OF ATTORNEY  
CONTINUING LEGAL EDUCATION RECORDS**

On this day, \_\_\_\_\_, I, \_\_\_\_\_,  
(DATE) (PRINT NAME)

authorize Cassie H. Cooper, Director for Continuing Legal Education for the Kentucky Bar Association, to release the contents of my Attorney Continuing Legal Education record. I acknowledge that this file contains my personal Continuing Legal Education records as well as correspondence with the Continuing Legal Education staff. These records may be used in the furtherance of the duties and responsibilities of the CLE Commission, the Office of Bar Counsel, the Inquiry Commission, the Character and Fitness Committee of the Office of Bar Admissions, the Kentucky Lawyer Assistance Program ("KYLAP"), the Board of Governors, or the Supreme Court of Kentucky. This authorization remains valid until revoked in writing by the member, and covers additions to the member's CLE record after the date this authorization is signed by the member.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE