

RELEASE TO THE LAWYER ASSISTANCE PROGRAM

I, \_\_\_\_\_, consent to the release by the Committee on Character & Fitness of the Appellate Division, First Judicial Department ("Committee"), of information in my application for admission to Bar of the State of New York to the Lawyer Assistance Program of the New York City Bar Association ("LAP"), and to any professional to whom I am referred by LAP for the purpose of psychological or psychiatric evaluation. I understand that any report made by LAP, or by a professional made pursuant to their referral, will be made only to the Committee, and that the contents of such report are confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Executed and acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_  
(Affix seal or Stamp)