

**FOUR NOTARIZED COPIES OF
THIS WAIVER MUST BE FILED**

WAIVER OF CONFIDENTIALITY

Name: _____

Address: _____

Social Security No.: _____

I hereby authorize every grievance or disciplinary agency in any state to which I have been admitted to the practice of law to make full and complete disclosure to Disciplinary Counsel of The Disciplinary Board of the Supreme Court of Pennsylvania of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.

(Signature)

(Date)

Sworn to and subscribed
before me this _____
day of _____, 20____.

Notary Public