FOUR NOTARIZED COPIES OF THIS WAIVER MUST BE FILED

Name:

WAIVER OF CONFIDENTIALITY

Address:	
Social Security No.:	
I hereby authorize every grievance or which I have been admitted to the practidisclosure to Disciplinary Counsel of The Court of Pennsylvania of any and all infecomplaints filed against me, disposition whether private or public, as well as available concerning me.	tice of law to make full and complete the Disciplinary Board of the Supreme formation including, but not limited to, ton thereof, imposition of discipline,
	(Signature)
	(Date)
Sworn to and subscribed	
before me this	
day of, 20	
Notary Public	