SPECIFIC AUTHORIZATION AND RELEASE FORM
(For Appointment as a Judge of the Court of Kahnawà:ke)

I, _____ (print), residing at _____,
born on (DD-MM-YYYY): _____, am applying for appointment as a Judge of the Court of Kahnawà:ke.

In support of my application, I hereby authorize the Evaluation Committee responsible for assessing applicants to request and receive information from any third party, organization, or institution that may be relevant to my application.

This includes, but is not limited to:

- Any professional order, regulatory authority, or disciplinary body of which I am or have been a member
- Any law enforcement agency, court, or justice-related institution
- Any employer, past or present
- Any educational institution or licensing body
- Any credit reporting agency or financial institution
- Law partners and/or close associates

AUTHORIZATION TO RELEASE INFORMATION

I specifically authorize the above-listed bodies, and any others deemed relevant by the Evaluation Committee to:

- Disclose any records, files, or reports in their possession concerning my character, professional conduct, disciplinary history, criminal background, or other matters related to my application.
- Provide verbal or written responses to inquiries made by the Evaluation Committee or its representatives.

WAIVER OF PRIVACY AND LIABILITY

I waive all rights to privacy and confidentiality over any such information for the purposes of this application process, and I consent to the collection, use, and sharing of such information strictly for the evaluation of my candidacy.

I hereby release and hold harmless the Evaluation Committee, its agents, representatives, and any individuals or organizations who provide information under this authorization, from all liability, claims, or causes of action arising from the release or use of this information.

I understand that this form may be shared with any person, body or institution from whom information is requested to confirm that I have provided informed consent.

Signed within _____ on the _____ day of _____, 20_____.

Signature of Applicant:_____

Witness Name (print):_____

Signature of Witness:_____