



## State of Delaware Magistrate Screening

**Applicant Name:** \_\_\_\_\_ **Application ID:** \_\_\_\_\_

### WAIVER OF CONFIDENTIALITY LAW ENFORCEMENT, PROFESSIONAL DISCIPLINARY BODIES, JUDICIAL DISCIPLINARY BODIES

The undersigned applicant hereby waives the benefits of any statute, rule or regulation prescribing confidentiality of records of any State or federal law enforcement agency, any administrative or disciplinary committee of the State of Delaware, including, but not limited to, the National Crime Information Center, the State Bureau of Identification, the Board on Professional Responsibility of the Supreme Court, the Office of Disciplinary Counsel of the Supreme Court, and the Board of Bar Examiners of the Supreme Court and the Court on the Judiciary of the State of Delaware; and does authorize and request each such agency, and every person having control of any documents, records or other information pertaining to the undersigned (including, but not limited to, each of the organizations listed above) to transmit any minute, record, document, transcript or other material or file pertaining to the undersigned to the Governor's Magistrate Screening Committee and/or to permit the Governor's Magistrate Screening Committee to inspect and make copies of such documents, records and other information.

The undersigned does hereby release and discharge the Governor's Magistrate Screening Committee, its individual members as now or hereafter constituted, their agents and representatives, the Office of the Governor of the State of Delaware, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing of information to or investigation made by the Governor's Magistrate Screening Committee or in any way arising out of the release and use of information so provided concerning the applicant on file with any of the said bodies.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The undersigned, upon oath, deposes and states as follows: that he/she is the person whose signature appears hereinabove on the instrument entitled WAIVER OF CONFIDENTIALITY; that he/she has read the same and is aware of the content thereof; that the same is true and correct according to the best knowledge and belief of the undersigned; and that he/she executed the same freely and voluntarily.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

SEAL