

8.12 RELEASE OF INFORMATION FORM

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I hereby authorize the (Credentialing Assembly Name) and its corresponding district board to request, receive, maintain, and transfer upon request any and all applications, letters, references, forms, and other information in regards to my licensing, ordination process, and ministerial service.

I further give said board permission for all information received to become part of my professional file. I understand that this file is considered permanent and transferable to an appropriate authority on my choice to transfer to the jurisdiction of another assembly.

Print Full Name: _____

Signed: _____

Date Signed: _____