

**BOARD OF ORDAINED MINISTRY
South Georgia Annual Conference
PO Box 18149
Macon, Georgia 31209**

**AUTHORIZATION FOR RELEASE OF INFORMATION
TO
DESIGNATED OFFICERS/AGENCIES OF THE SOUTH GEORGIA CONFERENCE**

I hereby authorize and direct the Director of Ministerial Services for the South Georgia Annual Conference to release through correspondence pertinent information for the purpose of clergy evaluation to the following:

- Chair, Board of Ordained Ministry
- Registrar, Board of Ordained Ministry
- District Committee on Ordained Ministry (on request of the Chair)
- Conference Board of Ordained Ministry (by direction of the Chair)

All information I hereby authorize to be obtained from the Director of Ministerial Services will be held strictly confidential and cannot be released by the recipient to any other agency or individual without my written consent, e.g., neither material from the file nor the file itself will be transferred to another conference agency without my written consent.

I understand that I may withdraw this consent at any time. I also understand that withdrawal of consent could significantly affect the tasks and responsibilities that the boards, committees, and individuals specified above must discharge in my behalf as a candidate.

In making this authorization, I certify that I have not been declared incompetent nor incapable by any court of law, that I do not have a guardian or other person who has been appointed to manage my affairs, that I understand that I may discuss this direction and authorization with counsel of my choice and/or with a representative of the Board of Ordained Ministry.

Signature of Candidate/Title

Signature of Witness/Title

Date

Date

USE THIS SPACE IF CANDIDATE WITHDRAWS CONSENT

Date that consent is revoked by candidate

Signature of Candidate