

Release Form

I hereby authorize _____ Church to verify all information contained in my resume or in other written or verbal communication with me or discovered in the process of verification of such information. This would include contact with all former churches which I have served as pastor, staff person, or member and the church in which I was licensed and/or ordained.

I recognize that this verification process will include contacts with former church officers, members, pastoral colleagues, association and state convention personnel, as well as other business, personal, and professional references.

I further authorize that any personnel at places of employment, churches, or references may disclose any and all information regarding my work history, personal characteristics, salary, work habits, names of other individuals that could further verify information desired by the pastor search team, or other areas of importance to the church in its search process.

Furthermore, I waive the right to take legal action against the aforementioned churches, their members, and officers, or references for releasing such requested information.

In addition, I hereby authorize _____ Church to check my credit and legal history with all appropriate sources. Such information may be obtained for the years of _____ to the present.

Minister's Full Name: _____

Other names minister has used: _____

Minister's Driver's License Number: _____ **State:** _____

Minister's Social Security Number: _____

I understand this authorization form and agree to the release and verification of the aforementioned information.