Candidacy Summit Permission to Release Information for Personal History Evaluation

To: Office of Ministry						
Date						
I hereby give my permission for authori background, including arrest/conviction such agents may deem proper and nece and background in connection with my	n records, employment, essary subjects of invest	health, credit, r igation, in orde	military, driv er to proper	ring record, and y assess my ch	d other factors waracter, reputation	hich
I give my permission for any person, but information properly requested, and co all liability for providing correct information scope of the background investigat general reputation, or personal charact	pies of same if requeste ation. I understand that tion, to the extent such eristics.	d. I do hereby r I may request a investigation in	release such a complete a ncludes info	person, busine and accurate di mation bearing	ess, or institution isclosure of the n g on my characte	from nature
I recognize the right of West Ohio Unito	ed Methodist Church to	treat at its disc	cretion cert	ain sources as (гоппаептіаі.	
Applicant Signature						
Print Name						
Address						
City		State	Zip			
Previous address						
Previous address						
Date of Birth	Social Security #					
Driver's License #			Sta	te Issued		
Witness Signature						
Witness Name and Title						