

Authorization and Release

I authorize any reference, supervisors, ELCA entity (including congregation, synod, churchwide organization), or any other person or organization to give the Greater Milwaukee Synod any information (including opinions) regarding my character and fitness for ministry. I also release any individual, employer, reference, synod, congregation, ELCA entity or related organization, institution, organization, or official, or any other person or organization providing information, from any liability for damages of whatever kind or nature that may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I authorize the Bishop Election Committee and the Greater Milwaukee Synod to conduct reference and background checks and screening, and I agree to supply additional information or consents as requested.

A signed facsimile, electronic version, or photocopy of the Authorization and Release shall be as valid as the original.

Date

Previous name(s), if applicable (printed)

Signature

Birthdate

Complete legal name including middle initial (printed)

*Social Security Number

***Please note:** A member of the Bishop Election Committee will contact you by phone for your social security number if you prefer not to provide it on this form. All documents will be shredded when the background check is complete.

Please return to:

Vickie Stretz or Pastor Vicki Watkins, co-chairs, Bishop Election Committee

bishop.election@gmselca.org