

Texas Annual Conference  
Of the United Methodist Church  
Board of Ordained Ministry

**AUTHORIZATION FOR RELEASE OF RECORDS AND WAIVER OF CONFIDENTIALITY**

I, \_\_\_\_\_, SS# \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_, (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax Number: \_\_\_\_\_, Email: \_\_\_\_\_

Hereby authorize and give permission to:

1) The Texas Annual Conference, United Methodist Church; 2) The Conference Board of Ordained Ministry 3) The District Committee on Ordained Ministry and 4) the Mentor Pastor(s) to whom I am assigned:

**TO FREELY DISCLOSE INFORMATION TO AND OBTAIN INFORMATION FROM** one another (including the release of medical or psychological records or information that might otherwise be protected from disclosure).

I understand that the information which may be disclosed/obtained is: all information pertaining to me that is contained in any files of, or that I have given or made available to, any of the above-named persons, organizations or entities. I also hereby release the Texas Annual Conference, the Conference Board of Ordained Ministry, the District Committee on Ordained Ministry and any of their representatives from any responsibility for damages resulting from their procurement of information or provision of information to appropriate investigative bodies. ***I understand that this authorization will remain valid during the term of my ministerial candidacy unless revoked by me IN WRITING.***

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Rev. Melissa Maher  
Psychological Testing, Texas Conference CBOM

\_\_\_\_\_  
Date