



Pentecostal Church Of God
Central California District
610 Pico
Clovis, California 93612

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for ministerial credentials with the Pentecostal Church of God, Central California District, I am required to furnish information for use in determining my qualifications. In this connection, I hereby authorize release of any and all information that you have in your files concerning me, including, but not limited to, credit records, educational records, academic achievement, attendance, athletic, personal history, pre-employment or employment records, including performance reports, background investigations, polygraph examination results, any and all internal affairs investigations, disciplinary records, or any information of a confidential or privileged nature, which may have been sealed or agreed to be withheld pursuant to any prior agreement or administrative or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Penal Code Section 832.7, and therefore subject to discovery or disclosure only pursuant to a noticed motion under Evidence Code Section 1043. By signing this authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Evidence Code Section 1043 and hereby authorize the disclosure of all records to which, as a minister, the undersigned would have or did have access.

I understand that I will not receive and am not entitled to know the content of confidential reports received, and I further understand that these reports are privileged. I also hereby authorize any representative of the Pentecostal Church of God, Central California District, bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment. (The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment.)

Consent is granted for the Pentecostal Church of God, Central California District to furnish the information described above to its parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Pentecostal Church of God, Central California District, and I further understand that these reports are privileged.

I hereby release you, as the custodian of such records, and any agency, their agents and representatives and any person or agency furnishing information, its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, associates or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me.

This release will expire 12 months from the date signed.
A photocopy of this release is to be considered as valid as the original.

Name _____ Social Security Number _____

Signed _____ Date _____