

**AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, the undersigned hereby authorize, Ministry Assessments, to provide and disclose personal and confidential information about me to persons or agencies named below. In addition, I also understand and agree that such information gathered about me may be used in anonymous and protected research studies of group data unless I request that it not be used.

I further understand and acknowledge that the judicatory that sent me to Ministry Assessments in the client, rather than me, and as such, has a right to receive a copy of my report. It is my understanding that I will have one week from the date that the report is written to read my report and to notify Ministry Assessments if there are any factual errors in my report so that these inaccuracies can be corrected.

My ministry assessment report will be sent to the following:

- 1. Name of Presbytery: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- 3. Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, for myself and my family, hereby waive any and all claims that I might have against Ministry Assessments and its personnel and release it and its personnel from any and all liability arising from the disclosure by its personnel of information about me to third parties as provided above.

Signed this \_\_\_\_\_-day of \_\_\_\_\_, 20\_\_.

Name \_\_\_\_\_

Witness \_\_\_\_\_