



Evangelical
Lutheran Church
in America

ELCA CHAPLAIN CORPS
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ELCA CHAPLAIN CORPS

AUTHORIZATION AND RELEASE

I hereby authorize any department, branch, agency, bureau, organizational chief of chaplains, and their respective office, or supervisor, whether uniformed or civilian, to provide any and all non-medical information related to my service, including, but not limited to, opinions concerning my character or fitness for ministry, (including unfavorable information, if any) to the Assistant to the Presiding Bishop and Sr. Director of Chaplaincy Ministries of the Evangelical Lutheran Church in America, and I hereby release any individual or agency, any department, branch, agency, bureau, organizational chief of chaplains, and their respective office, or supervisor, whether uniformed or civilian, providing such information from any and all liability for damages of whatever kind or nature which 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.

This authorization and release is given in consideration of the review of my application for endorsement or the continuation of endorsement.

A scan, facsimile, or photocopy of this authorization shall be valid as an original.

This authorization and release shall be valid from date of execution for as long as I remain a Rostered Minister of the Evangelical Lutheran Church in America.

Name (First Middle Last): _____

APPLICANT'S SIGNATURE
(A digital signature shall be as valid as a wet signature)

DATE