

PRESBYTERY OF SCIOTO VALLEY
Commission for Church Professionals

**AUTHORIZATION TO RELEASE INFORMATION AND WAIVER OF
CONFIDENTIALITY FOR MINISTERS OF THIS PRESBYTERY SEEKING
EMPLOYMENT OR TRANSFER (Ministers Leaving)**

In order to facilitate the employment of ministers and to protect the presbytery, its churches and its officers from the charge of negligent hiring, personnel inquiries have become an unfortunate but necessary policy. Before representatives of this presbytery are legally permitted to respond to employment inquiries concerning you, it is necessary for the following release to be signed and returned to the Presbytery Executive, Presbytery of Scioto Valley, 4131 N. High St., Suite B, Columbus, OH 43214.

Having expressed interest in seeking employment, I hereby grant permission to the executive presbyter (EP), the stated clerk (SC), and the chairperson of the Commission for Church Professionals (CCP) of the Presbytery of Scioto Valley to respond to inquiries by agents of prospective employers concerning my suitability for employment. This permission has been granted to the above-named persons whether or not they are given by me as references in a resume or dossier.

These discussions may include but are not limited to the following areas: professional capability, personality traits, psychological competency, ecclesiastical disciplinary cases or church judicial proceedings, personal finances, automobile driving history, and any matters that relate to convictions of sexual misconduct, malpractice, child or spouse abuse, or any other crime.

Signature

Date

Address

Telephone

City, State, ZIP

NOTE: If you do not wish to grant this permission, we are not legally permitted to give information concerning you. Please sign below indicating that you recognize that the above-named persons will respond to employment inquiries by saying only that when you were given the opportunity, you did not grant permission to answer employment-related questions and that you did not sign a waiver of confidentiality.

Signature

Printed Name

Date

Address

Telephone

City, State, ZIP

A photocopy of this release shall be considered as valid as the original.