



South Carolina Conference
The United Methodist Church

**REQUEST TO TRANSFER
CANDIDACY OUT OF THE SOUTH
CAROLINA ANNUAL CONFERENCE**

Contact Information for the District Superintendent of the District where Candidacy is Currently Held:

District Superintendent: _____ District: _____ South Carolina Conference
Mailing Address: _____
Telephone: _____ Email: _____

Candidate's Contact Information:

Full Name: _____ Birthday: _____
Mailing Address: _____
Telephone: _____ Email: _____

I request that my Candidacy be transferred to the _____ District of the _____ Conference of the United Methodist Church.

I also request and consent to the release of my files from the Office of Clergy Services of the South Carolina Conference of the United Methodist Church and my home district named above. Please insure that any letters of recommendation, credit report, background check, statement of call, psychological and medical assessments being included. Please send a complete copy (electronic or paper) to:

Name of Receiving District Superintendent: _____
Mailing Address: _____
Telephone: _____ Email: _____

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire sixty (60) days your receipt of it unless another date is specified.

I understand that the information requested may be disclosed from records whose confidentiality is otherwise protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders, as well as HIV status.

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of the District Superintendent of the where you wish to transfer your candidacy:

The signature of the DS of the receiving District indicates the awareness, approval and willingness to receive said candidacy in the named District. THIS SIGNATURE IS REQUIRED BEFORE CANDIDACY CAN BE OFFICIALLY TRANSFERRED.

INSTRUCTIONS:

- 1. The Candidate should complete this document.*
- 2. Sign it in front of a witness who will also sign and date it.*
- 3. Have the DS in the receiving District sign this document*
- 4. Return completed document to: Rev. Melton Arant, Coordinator of Clergy Services (clergyservices@umcsc.org), 4908 Colonial Drive, Suite 122, Columbia, SC 29203 Office: (803) 786-9486 Fax: (803) 735-8777.*