



Candidacy Transfer From South Carolina Request

Office of Clergy Services | South Carolina Conference | The United Methodist Church

“A person who is a certified candidate or who is in the candidacy process may have her or his status or studies accepted by another district committee in the same or another annual conference. (§1313.4 2020/2024 BOD)”

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

District Superintendent: _____

District: _____ Conference: _____

Mailing Address: _____

Telephone: _____ Email: _____

Candidate's Contact Information:

Full Name: _____ Birthdate: _____
(first, middle, last and suffix)

Mailing Address: _____

Telephone: _____ Email: _____

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

Name of Receiving District Superintendent: _____

Mailing Address: _____

Telephone: _____ Email: _____

I also request, consent and authorize to the release of my files from the South Carolina Conference to receiving District and Conference named above. I, the undersigned, understand that this may include any letters of recommendation, credit report, background check, statement of call, psychological and medical assessments, as well as District and Conference Actions and reports. I authorize, consent and request that a copy of my file and information mentioned previously (electronic or paper) be sent to the receiving District and Conference (named earlier) by way of the receiving District Superintendent. 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 after your receipt of it unless another date is specified. I also 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: _____ Date: _____

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) for processing.