



Clergy Contact Information:

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

I have inquired about serving in the South Carolina Annual Conference of the United Methodist Church.

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

Rev. Melton Arant
Coordinator of Clergy Services
4908 Colonial Dr, Columbia, SC 29203
clergyservices@umcsc.org
Office: (803) 786-9486. Fax (803) 735-8777

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.

This is NOT a request to transfer, only to share my files and records with the South Carolina Annual Conference in order
for me to be considered to server under ¶346.

Signature of Clergy: _____ Date: _____

Signature of Witness: _____ Date: _____

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.*