



South Carolina Conference
The United Methodist Church

**FILE REQUEST & CONSENT TO
RELEASE INFORMATION FROM THE
SOUTH CAROLINA ANNUAL CONFERENCE**

Clergy Contact Information:

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

I request and consent to the release of my files (personnel and supervisory) from the South Carolina Annual Conference to _____. 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:

Name: _____
Address: _____

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.

Signature of Clergy: _____ Date: _____

Signature of Witness: _____ Date: _____

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.