

FILE REQUEST & CONSENT TO RELEASE INFORMATION TO THE SOUTH CAROLINA ANNUAL CONFERNCE

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.

> 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: _____

Signature of Witness:	

Date:			

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.