



Release of Information Request

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

This is NOT a request to transfer. Clergy files are the property of the Annual Conference. Clergy have the right to view them, but not the right to a copy of them. In the event that your files are requested from the South Carolina United Methodist Conference the following information will be shared: Your pastoral record, whether you are in good standing or not, dates of certification, licensure, associate/provisional/full membership, commissioning/ordination, and retirement.

Clergy Contact Information:

Full Name: _____ Birthday: _____
Full legal name

Mailing Address: _____

Telephone: _____ Email: _____

I request, authorize and consent to the release of my professional information contained in my files (personnel/supervisory) from the _____
Institution from which you wish to have your files shared
to the _____
Institution with which you wish to have your files shared. I understand that the information available to be shared may contain the following data: A copy of my pastoral record, a listing of the year I was certified, became a local pastor, became an associate/provisional/full member, the year of my retirement and if I am in in good standing or not. It may or may not also contain recommendations, institutional actions/reports and correspondence.

Please share with: 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. I also understand that arrangements will need to be made directly with the medical doctor, the psychological testing group, or the background screening company if I wish for them to share the medical, psychological or criminal and credit check reports.

Signature of Clergy: _____ Date: _____

Signature of Witness: _____ Date: _____

INSTRUCTIONS:
Return completed document to: Rev. Melton Arant, Coordinator of Clergy Services (clergyservices@umcsc.org), for processing.
4908 Colonial Drive, Suite 122, Columbia, SC 29203 Office: (803) 786-9486 Fax: (803) 735-8777.