

RELEASE OF INFORMATION

The Lloyd Counseling Center

I hereby authorize R. Scott Sullender to disclose any and all test data and results, reports and professional opinions to the _____ concerning my psychological assessments and the findings from my assessments. I certify that this release has been made voluntarily.

I understand that this information will be used in evaluating my candidacy for ordained ministry and that I have a right to review the test results with the assessor prior to their release to the Committee.

I understand that this information and the assessment report will be limited to the Care Committee and treated as confidential by said Committee. This report will not be released to any other entity/person in the Church or entity/person outside of the Church without my additional written permission.

I understand that the test data and other relevant assessment information will be stored at the Lloyd Counseling Center for up to seven years and then destroyed in a manner prescribed by law. If the information is to be used for research purposes, personal identifying information will be deleted in accordance with standard research practices.

Even after discussing the test results with the assessor, if I still have significant substantive objections to the final written report, I understand that I may write a written response to the assessment, a response that will be received by the Committee and attached to the assessment as an addendum. Further, I have the right, at my own expense to submit the test data to another qualified professional for a second opinion, which would also be received as an addendum to the assessment report.

Effective Date: / /

This release is good until Date: / /

(Please sign this release in the presence of the Witness)

Candidate's Name (print) _____

Candidate's signature _____

Witness' signature _____