



RELEASE OF INFORMATION

USE AND PURPOSE: The use and purpose of this release of information form is to comply with the decision of the 1995 Annual Meeting of the Presbyterian Council for Chaplains and Military Personnel (PCCMP).

All information provided will only be for the use of PCCMP in determining endorsement. No information will be released beyond the boundaries of PCCMP without the written approval of the individual named hereon.

Voluntary release is a constituent part of endorsement.

No application for ecclesiastical endorsement or re-endorsement will be processed without this signed and dated document.

INSTRUCTIONS: 1. Complete and make a copy for your records.
2. Return the original promptly to PCCMP.

STATEMENT: I, _____ authorize FULL release of any and all information requested by the Council on/about me to the office of the Presbyterian Council for Chaplains and Military Personnel. I waive the Federal Privacy Act and all other impediments to the release of information having any bearing on ecclesiastical endorsement to the chaplaincy.

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____

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RELEASE OF PSYCHOLOGICAL TESTING RESULTS (VOLUNTARY)

Have you ever taken psychological testing or a personality type inventory?
YES _____ NO _____ (Mark one)

Are you willing to release the interpretive synopsis of the testing to the Council?
YES _____ NO _____ (Mark one)

If yes, please secure these on your own initiative and forward them to the Council as an enclosure with your application.

SIGNED: _____ **DATE:** _____