

AUTHORIZATION TO RELEASE INFORMATION

I understand that Minnesota Statutes §148A requires my prospective employer to make inquiries of my current and former employers regarding the possible occurrence of sexual contacts between me and anyone whom I counseled. I further understand that the Southeastern Minnesota Synod of the Evangelical Lutheran Church in America is assisting its member congregations in complying with the statute.

I have identified for the Synod all those who have employed me as a pastor or counselor in the past five years. I hereby authorize each of those employers to release to the Synod any knowledge it possesses about possible sexual contacts between me and any person whom I counseled at any time during my career.

I understand that by releasing this information to the Synod, my employers will not be vouching for its accuracy, and I agree not to bring any legal action against my current employer, any of my former employers, or any person that they consult in the course of their investigation for negligence in responding in good faith to the Synod*s inquiry. This does **NOT** extend to any person or employer who intentionally or maliciously furnishes information that he or she knows to be untrue information.

I authorize my current and former employers to treat a photocopy of this release as though it were the original executed copy.

Signature _____

Print Name _____

Date _____

ASAP: Please fax this form back to the Synod Office
Fax #: 507-280-8824
Attention: Cheryse L. Brenno Sloan
and then mail original.