

AUTHORIZATION TO RELEASE INFORMATION

I understand that it is the policy of the Diocese of Southwestern Virginia to ask the schools I have attended, my past employers, police and civil authorities, the congregations where I have served, and those who have served as my Bishop for the past five years whether they know or have reason to believe that I have been involved in sexual misconduct or been convicted of any felonies.

I hereby authorize every one of these schools, employers, police and civil authorities, congregations, and Bishop(s) to inform the Diocese of any knowledge of such misconduct or felonies.

I understand that by releasing this information to the Diocese of Southwestern Virginia, these schools, employers, police and civil authorities, congregations, and Bishop(s) will not be vouching for its accuracy.

I further authorize these schools, employers, police and civil authorities, congregations, and Bishop(s) to treat a photocopy of this release as though it were the original executed copy.

Name: _____

Signature: _____

Date: _____