

Commissioned Ministry Program

Release of Records – for those transferring from another CCSW Area or another Region of the CC (DOC) commissioned ministry program

Full Name _____

Birth Date _____

Current Address _____

I am requesting the release of my commissioned ministry records, including but not limited to previous progress in the Licensed Ministry Program, applications, and correspondence be sent from the _____ (Area or Region of the Christian Church (Disciples of Christ)) to the _____ (Area or Region of the Christian Church (Disciples of Christ)).

I authorize the release of my commissioned ministry records as noted above and understand that this information is considered confidential and will be used by the Committee on the Ministry in regard to my status in the commissioned ministry process only.

Please mail all records to:

Committee on the Ministry

_____ (Area or Region) of the Christian Church (Disciples of Christ)

_____ (Address)

Signature of Commissioned Minister/Minister Candidate

Date